APPENDIX H

Patient Administration

This appendix contains those sections of the Military Departments publications on Patient Administration which provides information for hospital administrators for the eligibility, priorities, procedures, reporting requirements and charges applicable to the health care of internationals in their MTFs.

H-1 DRAFT AR 40-400, Patient Administration

DRAFT (Scheduled for Publication November 2000)
Army Regulation 40-400
Patient Administration

Chapter 2

Patient Policies

2-1. Eligibility verification

The Military Installation Identification Card Issuance Activity establishes an individual's eligibility for medical care. The commander of an Army MTF will confirm the patient's identity and verify entitlement through the Defense Enrollment Eligibility Reporting System (DEERS) or identification (ID) card verification. Eligibility issues will be referred to the patient administrator.

2-2. Identification procedures

a. All persons, including soldiers in uniform, must show satisfactory evidence of their beneficiary status. A valid ID card and enrollment in DEERS will establish beneficiary status. Children under age 10 must be enrolled in DEERS, but are not routinely issued an ID card. Secretary of the Army designees are issued a letter from the U.S. Army Medical Command (USAMEDCOM) or the MTF commander where designee status has been delegated, (see para 3-50) which establishes their beneficiary status. They are not enrolled in DEERS and will not have an ID card. Discharged female members who require maternity care establish beneficiary status with a copy of their DD Form 214 (Certificate of Release or Discharge from Active Duty).

b. Types of Uniformed Services ID cards (AR 600-8-14) are as follows:

(1) DD Form 2A(ACT) (Active Duty Military ID Card) (green for active duty (AD)), red for Reserve Component (RC), and gray or blue for retirees).

(2) DD Form 1173, (Uniformed Services Identification and Privilege Card), (tan, for family members, civilian overseas, and foreign military personnel/family members).

(3) Public Health Service (PHS) Form 1866-1 (Commissioned Officers Identification Card—Active Duty) for the Commissioned Corps of the PHS, and PHS Form 1866-2 (Commissioned Officers Identification Card—Inactive Reserve) for Reserve PHS personnel.

c. MTF personnel will not provide routine care to patients with questionable eligibility. When proper identification is not available and no emergency exists, a statement of eligibility should be initiated by the MTF personnel and signed by the sponsor prior to delivery of care. The statement of eligibility will be forwarded to the MTF medical services accountable officer (MSAO). If proof of eligibility is not provided within 30 days, the patient will be billed as an emergency nonbeneficiary. In an emergency, medical care will be rendered before eligibility determination. Ineligible patients will be treated only during the period of the emergency. (See para 3-55.)

2-3. Priorities

When an MTF commander must refer care to eligible beneficiaries because of a temporary lack of access, a priority system will be used as specified in a through c below. The MTF commander must coordinate care for all beneficiaries based upon access and capabilities. Beneficiaries enrolled in the TRICARE Prime option at an MTF are provided space-required care and not space-available care in compliance with the TRICARE access standards. Beneficiaries participating in the TRICARE Standard and Extra options are provided space-available care in MTFs. The medical or dental Army MTF commander will have final authority regarding whether or not a beneficiary will be seen in the facility. A nonavailability statement for authorized nonemergency inpatient care is required for non-enrolled Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) beneficiaries. The first level of appeal for decisions surrounding nonavailability statement issuance is the MTF commander, the second level appeal is the RMC commander, and the third and final level of appeal is the USAMEDCOM (MCHO-CL-M).

a. General rule. Among the following beneficiary groups, access priority for care in MTFs where TRICARE is

implemented will be as follows:

(1) AD members;
(2) AD members' family members who are enrolled in TRICARE Prime;
(3) Retirees, their family members and survivors who are enrolled in TRICARE Prime;
(4) AD members' family members who are not enrolled in TRICARE Prime; and
(5) Retirees, their family members and survivors who are not enrolled in TRICARE Prime.

b. Special provisions. In applying the general rules, the following special provisions are applicable:

(1) Military members not on AD but entitled to MTF care, are associated with priority group 1. This includes RC members entitled to medical care relating to conditions incurred in the line of duty (LD) and members on the temporary disability retired list (TDRL) for required periodic medical examinations.
(2) North Atlantic Treaty Organization (NATO) and other foreign military members who are entitled to MTF care pursuant to an applicable international agreement are associated with priority group 1 for the scope of services specified in the agreement.
(3) NATO and other foreign military members' family members who are entitled to care pursuant to an applicable international agreement are associated with priority group 2 for the scope of services specified in the agreement.
(4) Survivors of sponsors who die on AD, as provided in section 1076(a), title 10, United States Code (10 USC 1076(a)), are, for purposes of MTF access, considered together with dependents of AD members. They would, therefore, be in priority group 2 or 4, depending on Prime enrollment status.
(5) Individuals other than those in any of the beneficiary groups identified in priority groups 1 through 5 do not have priority access.
(6) Priority access rules are not applicable to bona fide medical emergencies or cases in which the provision of certain medical care is required by law or applicable Department of Defense (DOD) Directive or Instruction. This includes care for civilian employees exposed to health hazards in the workplace or injured on the job.

c. Exceptions to general rules. In the following instances, MTF commanders have discretion to grant exceptions to priority access rules.

(1) A higher priority may be given to a secretarial designee, to the extent appropriate to the context in which secretarial designee status is given.
(2) A higher priority may be given to an AD members' family member who is in priority group 4 owing to the unavailability of TRICARE Prime at the place of the sponsor's assignment (for example, a remote continental United States (CONUS) or outside the continental United States (OCONUS) location), when the family member is temporarily in a location where TRICARE has been implemented and needs medical care.
(3) To the extent authorized by the ASD(HA) for the particular graduate medical education (GME) program or MTF involved, after coordination with the TRICARE Lead Agent, a patient may be given a higher priority if necessary to maintain an adequate clinical case mix for GME programs functioning in the MTF or for readiness-related medical skills sustainment activities. Mechanisms to implement this policy could include identification of space available to carry out specific procedures or treat specific clinical diagnoses, or, in unique circumstances, provision for assignment to primary care managers (PCMs) of a limited number of individuals not eligible for TRICARE Prime enrollment.
(4) A higher priority may be given in other unexpected or extraordinary cases, not otherwise addressed in this policy, in which the MTF commander determines, in coordination with the TRICARE Lead Agent, that a special exception is in the best interest of the military health system and TRICARE.
(5) In overseas locations, other exceptions may be established to the extent necessary to support mission objectives.
(6) Other priority groupings are not authorized.

2-4. Primary care management

AD soldiers are assigned a PCM. (See glossary.) The soldier will report to the PCM for sick call (AR 40-66). Non-active duty (NAD) TRICARE eligible beneficiaries, who choose to enroll, will be assigned a PCM. Other categories of beneficiaries may also be assigned PCMs as approved by the Army MTF commander.

2-5. NATO STANAG/ABCA QSTAG/SOLOG agreements

This regulation implements NATO standardization agreements (STANAGs) 2061, 2101, 2132, and 3113; American, British, Canadian, and Australian (ABCA) Quadripartite Standardization Agreement (QSTAG) 470; and Standardization of Certain Aspects of Operations and Logistics (SOLOG) 74 in chapters 3 and 4.

2-6. Commercial transportation or travel and non-medical attendant travel

a. The cost of commercial or privately owned transportation and per diem for Army AD soldiers and required attendants for the purpose of receiving outpatient medical or dental care is chargeable to the operating funds of the unit to which the member is assigned. This policy applies to members assigned to Army activities worldwide and those assigned to other departments or agencies in CONUS. Inpatient travel is funded by the operational funds of the MTF.

b. A medical officer may recommend that a family member be accompanied by a non-medical attendant (NMA). The NMA is warranted when the family member is not able to travel alone because of physical or mental incapacity or age. In CONUS, only the AD soldier may be an attendant to the family member with the exception of travel to specialized treatment services (STSs). (See para 2-6e.) The AD soldier is entitled to reimbursement for costs of transportation and enroute per diem; there is no entitlement at the treatment site. The unit commander of the AD soldier determines if, and for how long, a member may perform NMA duties. The NMA duties may be performed in an ordinary leave status, funded temporary duty (TDY) by MTF with concurrence of resource management, or permissive TDY status. Travel of the AD soldier's dependents stationed OCONUS is authorized for medical care. Dependent travel from or within OCONUS locations is authorized on invitational travel orders (ITOs). An NMA may be recommended by a medical officer. In OCONUS sites, anyone capable of performing the NMA duties may be assigned and reimbursed for costs of transportation and expenses at the treatment location (Joint Federal Travel Regulation (JFTR)).

c. A medical officer may recommend that an AD soldier or dependent of an AD soldier, and TDRL personnel, (but not a retiree—except a retiree on the TDRL as noted in AR 635-40--nor a dependent of a retiree) be accompanied by an NMA. A soldier may serve as an NMA. Family members or other nonmilitary persons may receive travel reimbursement as an NMA for escorting AD members CONUS or OCONUS. Family members or other nonmilitary persons may receive travel reimbursement for escorting AD dependents OCONUS. An AD soldier may be reimbursed for travel and per diem expenses while serving as an NMA. The unit commander determines if, and for how long, a soldier may perform NMA duties. A soldier may perform NMA duties in an ordinary leave status, permissive TDY, or in a funded TDY status. When NMA duties are authorized with Government funds for AD outpatients, the costs of lodging and per diem are chargeable to operational funds of that soldier's unit. For AD inpatients, travel and per diem and expenses of NMAs are chargeable to MTF funds (JFTR, volume 1, paragraph U7550-6, and Joint Federal Travel Technical Messages 5-93, 7-93, and 7-97).

d. Retired members and their dependents have no financial entitlement for their travel except TDRL members when they are reporting to the MTF for TDRL re-examination. Travel may be accomplished on Government transportation on a space available basis.

e. In those cases where it is financially advantageous for the Government to treat a patient in an STS facility, an attendant may be authorized when a patient is unable to travel unattended. The attendant may be any person suitable to perform the required attendant duties; this person may be reimbursed for travel expenses. Entitlement is defined in JFTR, Volume 1, paragraph U-7950 and U-7951.

2-7. Medical examinations for insurance purposes

Subject to access and available resources, examinations may be provided for those authorized persons defined in chapter 3. The examinee is entitled to a written report of the examination. Insurance companies will be charged search and copying fees when a request for a report of examination is received.

2-8. Maternity care for active duty members

Army soldiers who become pregnant while on AD and who remain on AD are authorized maternity care in Uniformed Services MTFs. They are also authorized maternity care from civilian sources as described in a and b below.

a. Physical limitations of pregnant soldiers. A pregnant soldier will continue to perform duties, limited by physical profile as outlined in AR 40-501. If the member remains at her duty station, maternity care will be provided at the MTF serving the station if obstetrics and gynecology (OB/GYN) services are available and the member's residence is within the MTFs geographic area of responsibility (GAR). If there are no OB/GYN services available at a Uniformed Services MTF, the member may be authorized, by the Army MTF having area responsibility, to deliver in a civilian hospital consistent with GAR directives. Charges for civilian care will be paid as outlined in paragraph 2-14. Upon discharge from the hospital following delivery and when medically indicated, the member may, upon recommendation of the attending physician, be granted convalescent leave per AR 600-8-10.

b. Maternity care while in a leave status. A pregnant soldier may elect to take leave and deliver in the vicinity of her leave address. When such leave is contemplated, the member will be advised that care will be authorized at Government expense only at an MTF in the area. This applies even if the member is currently receiving maternity care from a civilian source near her duty station. Maternity care from civilian sources at the leave address will be at the soldier's expense except in emergencies that clearly justify use of civilian providers. The soldier also will be counseled by the leave approving authority and local MTF health benefits advisor about the payment of bills attributable to the newborn infant when delivery is under emergency circumstances at a civilian facility.

c. Existed prior to service (EPTS) pregnancy—RC members. An RC member who is pregnant at the time of entry on active duty for training (ADT) for a period of 30 days or less is authorized only emergency care for that pregnancy.

2-9. Remediable physical defects developed in the military service

When a medical examination shows that an Army soldier has developed a remediable defect, the patient will be offered the opportunity of surgical repair or other medical treatment if medically indicated. If the soldier refuses surgery, other treatment, or other diagnostic procedure, which is considered necessary to enable the person to properly perform their military duties, the provisions of AR 600-20 apply. In the case of Navy or Air Force patients, the matter will be referred to the nearest headquarters of the Service concerned. Surgical intervention will not be performed to correct a preexisting condition in the case of an RC member unless there is an LD determination that the condition was incurred or aggravated in the LD.

2-10. Hospitalization before the effective date of separation or retirement orders
When a military patient is hospitalized before the effective date of separation or retirement orders, notification procedures in AR 600-8-24 for officers and in AR 635-200 for enlisted personnel apply.

2-11. Statements of prolonged hospitalization
An MTF commander is authorized to issue a statement of prolonged hospitalization for a period exceeding 90 days (JFTR, 37 USC 554). The statement will be sent to the installation transportation officer who will instruct and assist the patient in arranging for transportation of family members and household goods. This statement is not required when the member is transferred on permanent change of station (PCS) orders from OCONUS to a CONUS MTF.

2-12. Consent by a nonmilitary patient to medical care
a. Legality of consent. Legality of consent is determined by the law of the State in which the facility is located, unless preempted by Federal law, or as modified in overseas locations by Status of Forces Agreements (SOFA).
b. Requirement for consent. A nonmilitary person may not be furnished care in Army MTFs without his or her consent or the consent of a person authorized under applicable local law, court order, or power of attorney to consent on the patient's behalf. Except for emergencies, when a patient for some reason other than mental incompetency is unable to consent, the consent of the spouse or legal next of kin (NOK) must be obtained. When a judicial determination of mental incompetency has been made, consent must be obtained from the person appointed by the court to act for the incompetent patient. Questions concerning consent requirements or authority will be referred to the servicing staff judge advocate (SJA) or legal advisor.
c. Form of consent. Consent may be either expressed or implied.

(1) Implied consent. Implied consent may be inferred from actions of the patient, or other circumstances, even though specific words of consent are not used. For example, a patient's application for admission to an MTF is implied consent to hospitalization. If the patient is a minor incapable of giving consent, implied consent of the parent or guardian may be found in actions of the parent or guardian requesting or not objecting to medical care for the minor. Moreover, consent to treatment is implied in certain emergency situations when patients are incapable of giving or denying consent and their condition represents a serious or imminent threat to life, health, or well-being.
(2) Expressed consent. Expressed consent involves a statement of consent to proposed medical care made by the patient or person authorized to act on the patient's behalf. Expressed consent may be valid whether it is oral or in writing. However, written consent must be obtained for both inpatients and outpatients before performing the procedures outlined in d below.
(3) OF 522 (Medical Record—Request for Administration of Anesthesia and for Performance of Operations and Other Procedures) will be used to record expressed written consents. (See d and e below.) A locally developed form may be used to document consent when there are local legal consent requirements that cannot be adequately captured on OF 522.
(4) DA Form 4359-R (Authorization for Psychiatric Service Treatment) will be used for admission of patients to psychiatric treatment units. In such cases, OF 522 will also be completed.

d. Procedures requiring written consent. Requests for the procedures in (1) through (7) below must be recorded on OF 522. (In the case of dental care, one OF 522 may be used to record a complete course of treatment, as appropriate.) Any questions about the necessity or advisability of a written consent should be resolved in favor of obtaining a written consent.

(1) All surgery involving entry into the body by an incision or through one of the natural body openings.
(2) Any procedure or course of treatment in which anesthesia is used, whether or not entry into the body is involved. This includes dental procedures involving the use of either general anesthetic, intravenous sedation, or nitrous oxide sedation.
(3) All nonoperative procedures that involve more than a slight risk of harm to the patient or that involve the risk of a change in body structure.
(4) All procedures in which x ray, radiation, or other radioactive substance is used in the patient's treatment.
(5) All procedures that involve electroshock therapy.
(6) All transfusions of blood or blood products.
(7) All other procedures that, in the opinion of the attending physician, dentist, chief of service, clinic chief, or the commander, require a written consent.

e. Counseling before obtaining consent. The physician, dentist, or other health care provider/practitioner who is to perform or supervise the procedure will counsel the patient or the consenting person as appropriate to provide the basis for an informed consent. (See legal requirements in f below.) In written consents, any exceptions to surgery or other procedures made by the consenting person will be recorded by the health care provider/practitioner on OF 522. When all the data in Parts A and B of OF 522 are completed, the counseling must be attested to by signatures of the counseling health care provider/practitioner and the consenting person in Part C of OF 522.

f. Sufficiency of consent. The consenting person must be legally capable of giving consent and must understand the nature of the procedure, the attendant risks, expected results, possible alternative methods of treatment, and the prognosis if treatment is not given. Legality of consent is determined by the law of the State in which the facility is located, unless preempted by Federal law or as modified in overseas locations.

g. Non-military minors. The sufficiency of consent by a non-military minor to medical or dental examinations or treatment will be determined under the same criteria as provided in f above. Most States have laws concerning consent by minors. Many States allow the treatment of venereal disease and certain other conditions with the consent of the minor alone, without parental knowledge or consent. If no law exists on the subject or if the law does not specifically prohibit consent by a minor, the maturity of the minor should dictate whether he or she may give a legally sufficient consent. The health care provider/practitioner obtaining the consent will determine the maturity of the minor. The minor's age, level of intelligence, and the minor's understanding of the complications and seriousness of the proposed treatment are all factors to consider when determining the maturity of the minor. When the minor's consent alone is legally sufficient, the minor's decision to authorize or reject the proposed treatment is binding. Even when the minor's consent alone is not legally sufficient, his or her consent should be obtained along with the parent's consent whenever the minor is able to understand the significance of the proposed procedures. If there is a question as to the sufficiency of the minor's consent, the servicing SJA or legal advisor will be consulted.

   (1) If not prohibited under the laws of the State in which the MTF is located, parents may grant powers of attorney to authorize other persons to consent to medical care for minor children. Mature minor children may be granted authority to consent to care for themselves and other minor children of the family or to other persons appointed by the parents or legal guardian. Members of Army MTF staff may not accept appointment as a special attorney for this purpose unless based solely on a personal relationship with the sponsor. A health care provider/practitioner who accepts such appointment will not consent to any treatment he or she authorizes or performs unless approved by the MTF commander or designee.
   (2) Persons who wish to execute a power of attorney will be referred to the appropriate SJA or legal office for assistance.

h. Military minors. Members of the Uniformed Services who would otherwise be minors under local law are considered to be emancipated and capable of consent as if they were adults, subject to command aspects of medical care for AD soldiers as described in AR 600-20.

i. Sterilization of mental incompetents. A determination of the specific authority of parents, courts, or other third parties to consent to or authorize the sterilization of mental incompetents in the State where the MTF is located will be coordinated with the local SJA or servicing legal advisor before performing the procedure.

j. Psychiatric disorders.

   (1) The MTF commander may temporarily detain, without a court order or consent, nonmilitary beneficiaries with a psychiatric disorder which makes them dangerous to themselves or others when such person is found on the military reservation where the MTF is located. Temporary involuntary detention will conform with local law, and the local civilian authorities will be notified immediately upon detention of a nonmilitary psychiatric patient.
   (2) Movement of nonmilitary psychiatric persons without proper consent or court order normally will not be done under the auspices of an Army MTF.
   (3) The validity of a court order directing involuntary confinement or treatment of a patient in an Army MTF is a matter for review, in each instance, by the proper SJA or legal advisor.
   (4) See paragraph 5-23 concerning evacuation of nonmilitary psychiatric patients in foreign countries.

k. Advance directives (living wills and durable powers of attorney for health care) (AR 40-3, chap 2).

l. Autopsy consent. (See para 6-5.)

2-13. Patient transfers

Patients will be treated at the lowest echelon equipped and staffed to provide required medical care consistent with evacuation policies. When required care is not available, patients will be transferred to the nearest Armed Forces MTF or other Federal MTF for which they are eligible that has the required capability. The patient may also be referred to TRICARE service centers for coordination/assistance related to transfers. Government transportation of the military patient and one or more attendants, if required, is authorized. DA Form 3981 (Transfer of Patient) or a medical staff approved locally developed form may be used to communicate among the transferring physician and other MTF staff elements.

2-14. Care beyond an MTFs capability

a. Health care services are authorized to eligible beneficiaries in three ways. First is the direct care system where all DOD beneficiary categories are entitled to receive health care benefits, with AD soldiers having priority access to care. (See chaps 2 and 8.) Second, DOD is authorized to contract for health care services from Governmental and non-Governmental health care sources with reimbursement to participating providers/practitioners under the TRICARE Program. Third, under the Supplemental Care Program, DOD may use funds appropriated to the military departments to pay for health care from non-Governmental sources. The primary use of MTF operating funds is to ensure that AD soldiers receive all necessary health care services. In regions where TRICARE has been implemented, the process for obtaining civilian specialty and inpatient care through the Supplemental Care Program for AD members will be the same as that established for NAD TRICARE Prime enrollees. The PCM is responsible for referring the patient for specialty care, and the health care finder arranges for civilian care in the contractor's TRICARE network if the care is not available in the MTF. The managed care support (MCS) contractor will then adjudicate the claim in the same fashion as applied to other TRICARE Prime enrollees except that a copayment will not be applied. The MTF will retain clinical responsibility for the AD member via the PCM and administrative oversight of supplemental care payment issues will remain a responsibility of the MTF commander. The reimbursement for care beyond the MTFs capability will be according to tables 2-1 through 2-3.
b. Supplemental care on an inpatient basis will be carefully monitored through the hospital utilization management program.
c. AD patients receiving inpatient supplemental care in another facility will not be counted as occupying a bed in an Army MTF but will be continued on the inpatient census. Also, the patient will be accounted for under "change of status out." (See chap 3.) DD Form 2161 (Referral for Civilian Medical Care) is the document used for supplemental care referrals.
d. Under TRICARE, referrals for civilian care must be made to participating network providers when an MCS contract is in place and the needed service is available in the network. This includes AD referrals. All medical services requested under TRICARE must be reviewed for medical necessity as required by the MCS contract prior to approval by the MTF. Emergencies are exempt from this requirement.
e. MTF or MCS contractors will process emergency claims for AD. Claims of RC soldiers for medical care associated with LD injuries or illnesses will be processed using the same procedures.
f. The authority for all Department of Veterans Affairs (VA)/DOD Health Care Resources Sharing Program Agreements is Public Law 97-174. Provisions of the memorandum of understanding between the VA and DOD entitled, VA/DOD Health Care Resources Sharing Guidelines, dated 29 Jul 83 apply.

2-15. Admission of psychiatric patients

Beneficiaries may be admitted to closed psychiatric wards when they have a mental illness that renders them dangerous to themselves or others.

a. Nonmilitary patients. All psychiatric patients should meet Mental Health Service Intensity criteria before being admitted. Psychiatric patients will not be provided prolonged hospitalization or domiciliary care.
b. Military family members. Family members will not be admitted to an Army MTF when their needs are only for domiciliary or custodial care. Family members may be hospitalized for chronic conditions and nervous, mental, and emotional disorders that require active and definitive treatment. Admission will be according to the order of priority in paragraph 2-3.

2-16. Ancillary medical services

Ancillary services (for example, pharmacy services, medical laboratory procedures, immunizations, and medical x rays) may be provided to family members and retired members who receive care from civilian sources subject to the availability of space, facilities, and the capabilities of the professional staff.

2-17. Family planning services

a. Family planning services (for example, counseling, prescription of oral contraceptive pills, and prescription of other methods of contraception) may be furnished to eligible persons requesting such care at Army MTFs. They will be provided to the extent that professional capabilities and facilities permit. When capability is limited or absent, referral to other agencies at no expense to the Government may be arranged through the MTF social work service.
b. Surgical sterilization may be performed in Army MTFs subject to the availability of space and facilities and the capabilities of the medical staff. Prior written consent will be obtained from the patient. (See para 2-12.) Also see paragraph 2-12 for special consideration relative to sterilization in the case of mental incompetents.

2-18. Abortions

a. Abortions may be performed in Army MTFs at Government expense only when the life of the mother would be endangered if the fetus were carried to term.
b. Eligible beneficiaries may obtain abortions in overseas Army MTFs on a prepaid basis only if the pregnancy is the result of rape or incest. Prepaid abortions for rape and incest are not available in stateside Army MTFs. Charges for prepaid abortions for all beneficiaries, including AD soldiers, will be based on the established full reimbursement rate for same-day surgery for the particular category of patient. The laws of the host nation apply when performing abortions under this

paragraph.

c. Abortions for other than AD soldiers will be subject to the availability of space and facilities and the capabilities of the professional staff. Abortion procedures are also subject to the priorities listed in paragraph 2-3. Written consent of the patient is required before the procedure. Consent of unemancipated minors will be obtained according to paragraph 2-12. After an abortion, any restrictions or limitations needed for AD soldiers will be determined by the proper medical authority under AR 40-501, chapter 7.

d. Medical care in Army MTFs as authorized by paragraph 3-39 for former soldiers who are pregnant at the time of separation may include abortions as authorized in a and b above. Follow up and initial family planning counseling may also be furnished if indicated. Transportation for such care will be at the former soldier's expense.

e. Aeromedical transportation may be provided on a prepaid basis (that is, the patient pays the cost of the service in advance) to eligible beneficiaries for abortions or abortion consultation services under the following conditions.

(1) For OCONUS sites, intratheater aeromedical transportation is authorized for AD soldiers and other beneficiaries in overseas areas who do not qualify for abortions at Government expense when there is a lack of access to acceptable civilian health care facilities for abortion or abortion consultation due to cost, unavailability of transportation, or cultural and language barriers. In these cases, the abortion or abortion consultation services may be performed at the nearest capable MTF on a prepaid basis.

(2) In CONUS, aeromedical transportation is authorized for AD soldiers who do not qualify for abortions at Government expense if they require professional abortion consultation which is not available locally.

f. Army Medical Department (AMEDD) personnel do not have to perform or take part in procedures authorized by this paragraph that violate their moral or religious principles. Moral or religious objections will be considered as lack of capability to provide this care.

g. When an Army MTF does not have the space, facilities, or staff capability to perform authorized sterilization and abortion services, arrangements should be made to provide these procedures as follows.

(1) Eligible beneficiaries may be transferred to another MTF where these services can be provided. Enrolled beneficiaries may obtain these services under provisions of the TRICARE Program.

(2) AD soldiers may be transferred to another MTF where these services can be provided. They may also obtain these procedures from civilian sources under provisions of chapter 9 only when competent medical authority has determined that the procedure is required for urgent medical reasons. Elective care for AD soldiers from civilian sources at Government expense is prohibited.

2-19. Cosmetic surgery

a. For AD soldiers, medical intervention should be based upon a medical need adjunctive to the patient's health status. Availability of cosmetic surgery is dependent upon the educational and clinical skills maintenance needs of the Army. Elective cosmetic surgery charges for nonmilitary patients are found in the annual fiscal year (FY) medical, dental, and subsistence rates for Army MTFs.

b. For other than AD soldiers, the following apply.

(1) The number of procedures performed will be those that 50 percent to 70 percent of training programs provide per resident as reported by the Residency Review Committee in plastic surgery.

(2) The procedures will only be performed by residents in specialties requiring cosmetic surgery for their boards (plastic surgery, ear, nose, throat, ophthalmology, dermatology, and oral surgery), junior staff preparing for board eligibility, and staff certified in those specialties in order to maintain their skills and proficiency.

(3) These procedures will only be performed in hospitals that have applied for or have attained designation as an STS facility according to DOD guidance.

Table 2-1

Supplemental care payment responsibilities: Payment for civilian outpatient care, including diagnostic test and procedures, ordered by an MTF provider

Social Security Health Insurance Program for the Aged (Medicare)-eligible and other	TRICARE Extra/Standard

Beneficiary category	TRICARE Prime copayment	cost shares & deductibles	Supplemental care	non-TRICARE eligibles
AD TRICARE Prime Enrollee			X	

Table 2-1
Supplemental care payment responsibilities: Payment for civilian outpatient care, including diagnostic test and procedures, ordered by an MTF provider—continued

Beneficiary category	TRICARE Prime copayment	cost shares & deductibles	TRICARE Extra/Standard Supplemental care	Social Security Health Insurance Program for the Aged (Medicare)-eligible and other non-TRICARE eligibles
NAD TRICARE Prime Enrollee	X			
Non-Enrolled TRICARE-eligible Beneficiary		X	(See note 1.)	(See notes 2 and 3.)

Notes:

1. Supplemental care funds are not appropriate; for TRICARE-eligible beneficiaries, cost sharing is based on both the beneficiary category and the health care option selected.
2. Medicare-eligibles not participating in a DOD Medicare demonstration project should use their Medicare benefit to receive care from civilian sources. Payment for other non-TRICARE-eligibles should be at the discretion of the MTF Commander, based on other program and statutory requirements.
3. Medicare-eligibles not participating in a DOD Medicare demonstration project should use their Medicare benefit to receive care from civilian sources. Payment for other individuals not eligible to enroll in TRICARE Prime should be at the discretion of the MTF commander, based on other program and statutory requirements such as SOFA, responsibility for performing physical examinations for those otherwise not eligible for care, etc.

Table 2-2
Supplemental care payment responsibilities: Payment for care when a beneficiary is admitted to a civilian facility

Beneficiary category	TRICARE Prime copayment	cost shares & deductibles	TRICARE Extra/Standard Supplemental care	Medicare-eligible and other non-TRICARE eligibles
AD TRICARE Prime Enrollee			X	
NAD TRICARE Prime Enrollee	X			
Non-Enrolled TRICARE eligible Beneficiary		X	(See note 1.)	(See notes 2 and 3.)

Notes:

1. Supplemental care funds are not appropriate; for TRICARE-eligible beneficiaries, cost sharing is based on both the beneficiary category and the health care option selected.
2. Medicare-eligibles not participating in a DOD Medicare demonstration project should use their Medicare benefit to receive care from civilian sources. Payment for other non-TRICARE-eligibles should be at the discretion of the MTF Commander, based on other program and statutory requirements.
3. Medicare-eligibles not participating in a DOD Medicare demonstration project should use their Medicare benefit to receive care from civilian sources. Payment for other individuals not eligible to enroll in TRICARE Prime should be at the discretion of the MTF commander, based on other program and statutory requirements such as SOFA, responsibility for performing physical examinations for those otherwise not eligible for care, etc.

Table 2-3
Supplemental care payment responsibilities: Payment for care when a beneficiary is an inpatient in a military treatment facility (See note)

Beneficiary category	TRICARE Extra/Standard	TRICARE Prime copayment	cost shares & deductibles	Supplemental care
AD TRICARE				
Prime Enrollee				X
NAD TRICARE				
Prime Enrollee				X
Non-Enrolled TRICARE-eligible Beneficiary				X
Medicare-eligible and other non-TRICARE eligibles				X

Note: Supplemental care payments are authorized in all cases since the MTF maintains full clinical responsibility for the inpatient. Obtaining civilian care while the beneficiary is in an inpatient status is not a common practice, but supplemental care payments are used to pay for tests or procedures such as a magnetic resonance imaging (MRI) performed while a patient is an inpatient in a Uniformed Services facility. Since the patient is responsible for inpatient charges, applying outpatient copayments/cost shares is not appropriate.

Chapter 3

Persons Eligible for Care in Army MTFs and Care Authorized

Section VI
Foreign Nationals

3-18. Care provided in the United States

Care is authorized at Army MTFs in the U.S. for the categories of foreign nationals listed in a below, subject to the charges cited in appendix B. Foreign nationals and family members must present approved identification or ITOs as appropriate when requesting care. Treatment of foreign nationals and their family members are subject to the provisions of approved international agreements. Foreign personnel subject to NATO SOFA or countries under the Partnership For Peace SOFA, their dependents and civilian personnel accompanying the forces may receive medical and dental care, including hospitalization, under the same conditions as comparable personnel of the receiving state. See appendix B for charges.

a. NATO personnel as follows.

(1) Military personnel and their authorized family members of the NATO nations listed in (a) through (o) below are authorized care when stationed in or passing through the U.S. in connection with their official duties. Authorized family members are the spouse and legitimate children, including adopted and step-children, who meet the dependency criteria that apply to U.S. military family members.

(a) Belgium.
(b) Canada.
(c) Denmark.
(d) Turkey.
(e) Germany.
(f) Greece.
(g) Italy.
(h) Luxembourg.
(i) Netherlands.
(j) Norway.
(k) Portugal.
(l) Spain.
(m) United Kingdom.
(n) France.

(2) Contact the Commander, USAMEDCOM, MCHO-CL-P, 2050 Worth Road, Fort Sam Houston, TX 78234-6010 for a current list of countries under Partnership For Peace SOFA.
(3) Eligible civilians accompanying military personnel in (1) above as employees of an armed service of the nation concerned and their family members may be furnished care at remote installations where civilian medical care is unavailable. At other MTFs, only emergency care may be provided. To be eligible, such civilians cannot be stateless persons, nationals of non-NATO States, U.S. nationals, or residents in the U.S.
(4) The medical portion of the NATO SOFA, as revised by the DOD Appropriations Act, is implemented by (1) and (2) above insofar as care in Army MTFs is concerned.

b. Military personnel whose names appear on the Diplomatic List (Blue List) or the List of Employees of Diplomatic Missions (White List) published periodically by the Department of State and their family members.
c. Military personnel assigned or attached to U.S. military units for duty and their family members.
d. International students assigned or attached to U.S. military units for training and their authorized family members as follows:

(1) International military education training (IMET) trainees, both military and civilian, and the authorized family members of military trainees.
(2) Foreign military sales (FMS) trainees—both military and civilian—and the authorized family members of the military trainees.
(3) Other international trainees (military only) and their family members.

e. Military personnel on duty in the U.S. at the invitation of or with the agreement of the DOD or one of the military Services and their family members.
f. Military personnel accredited to joint U.S. defense boards or commissions and their family members.
g. Emergency care only for IMET trainees in the U.S. on IMET orientation tours. If hospitalized, the IMET rate will apply and will be collected locally from the individual.
h. Other foreign nationals not listed above seeking care in Army MTFs in the U.S. Such persons should be advised to apply for determination of eligibility to Headquarters, Department of the Army (HQDA) (DAMI-FL), Washington, DC 20310-1040, through their country's military attache stationed in Washington, DC.

3-19. Notification of hospitalization in the United States

When international students listed in paragraph 3-18 are hospitalized in Army MTFs in the U.S., notifications specified in a through c below are required. (Notifications required by this para are exempt from reports control under AR 335-15.)

a. International students. When international students (para 3-18d) are admitted to an Army MTF, message notification will be dispatched to HQDA (SAUS-IA-SA), Washington, DC 20310-0120. AR 12-15 contains additional notification

requirements when a foreign student cannot qualify for training because of physical or mental disability or whose hospitalization or disability will prevent continuation of training for a period in excess of 90 days. Authority for return of students to their home country will be furnished the MTF by HQDA (SAUS-IA-SA).

b. Nonstudent foreign nationals. When a foreign national other than a student is admitted to an Army MTF in the U.S., HQDA (DAMI-FL), Washington, DC 20310-1040 will be notified immediately so that the country concerned may be advised of the patient's status. The notification will be forwarded by letter (original and two copies). A copy will also be furnished the Commander, USAMEDCOM, ATTN: MCHO-CL-P, 2050 Worth Road, Fort Sam Houston, TX 78234-6010. The notification will include the patient's name, nationality, status (military, civilian, family member), and date of hospitalization. It will also include diagnosis, prognosis, and probable date of release. If military, the patient's Service number and branch of Service will be included. If the probable date of release cannot be determined during the initial evaluation, or the notification does not indicate a prolonged period of hospitalization and the patient later requires prolonged hospitalization, further notification will be furnished with this information.

c. Canadian military personnel. In addition to the above notifications to HQDA (DAMI-FL), Washington, DC 20310-1040, a copy or extract of the admission and disposition (AAD) report pertaining to Canadian military personnel will be sent immediately to the Canadian Joint Staff, 2450 Massachusetts Ave., NW, Washington, DC 20008.

3-20. Care provided outside the United States

Care is authorized at Army MTFs outside the U.S. for the following categories:

a. Those who provide direct services to the U.S. Armed Forces (para 3-48).

b. IMET trainees and FMS trainees (military and civilian) and the authorized family members of IMET and FMS military trainees.

c. Persons covered by a formal agreement entered into by a Federal agency when care in Army MTFs is a condition of the agreement. (A copy of all such agreements will be sent to Commander, USAMEDCOM, ATTN: MCHO-CL-P, 2050 Worth Road, Fort Sam Houston, TX 78234-6010.)

d. Liaison officers from a NATO Armed Force or members of a liaison detachment from such a Force. This implements the medical portion of NATO STANAG 2101.

e. Crew and passengers of visiting military aircraft of NATO nations that land at U.S. military or allied airfields. This implements the medical portions of NATO STANAG 3113.

f. Special foreign nationals. Generally, care will be restricted to foreign officials of high national prominence. However, other foreign nationals may be furnished care when unusual circumstances or the extraordinary nature of the case warrant such consideration. Medical care for this category of patient is coordinated by the State Department in conjunction with DOD.

(1) Care may be provided when such action is expected to contribute to the advancement of U.S. public interests. Authority to make determinations regarding the propriety of providing care is vested in commanders of unified and major Army commands (MACOMs) in overseas areas. When geographical dispersion and varying political conditions dictate, authority may be delegated to senior subordinate commanders. Such authority may not be redelegated by these commanders. Normally, the recommendation of the chief of the diplomatic mission of the patient's country will be sought in determining whether care should be provided.

(2) Foreign nationals accepted for care will not be evacuated for care in CONUS Army MTFs except under unusual circumstances as determined by the Secretary of the Army. The U.S. Army attache in the country concerned will coordinate through diplomatic channels.

g. NATO and non-NATO personnel OCONUS. Upon approval from the MTF commander, AD officer and enlisted personnel of NATO and non-NATO countries (and their accompanying dependents living with the sponsor) when serving OCONUS and outside their own country can receive—upon approval from the MTF commander—outpatient care only on a reimbursable basis. Such persons are under the sponsorship of a military service or the major overseas commander has determined that the granting of such care is in the best interests of the U.S. Additionally, such personnel are connected with, or their activities are related to, the performance of functions of the U.S. military establishment.

h. Requests for care by foreign nationals in overseas areas will be forwarded from/through the RMC through Commander, USAMEDCOM, ATTN: MCHO-CL-P, 2050 Worth Road, Fort Sam Houston, TX 78234-6010 to the Secretary of the Army. The MTF commander will include a recommendation indicating the rate to be charged or if charges will be waived.

3-21. Charges for and extent of care

a. Except as indicated in b below, all inpatient care at MTFs in the U.S. will be subject to full reimbursement. Exceptions to this rule will apply only when a reciprocal health care agreement has been negotiated between the Office of the Assistant Secretary of Defense (Health Affairs) (OASD(HA)) and the foreign government concerned, setting forth specific terms under which care will be provided. Commanders will be advised immediately when new agreements are negotiated. Meanwhile, orders or other documents presented by foreign military personnel reflecting eligibility for non-reimbursable inpatient care in MTFs in the U.S. are invalid. With the exception of IMET students, foreign military and diplomatic personnel and members of their families will be charged the full reimbursable rate for inpatient care received in Army MTFs in the U.S. This includes NATO personnel and their families. Charges for IMET personnel will be at the special IMET rates prescribed for inpatient and outpatient care. Charges for outpatient care in the U.S. will be at the rate stated in appendix B for specific categories of foreign nationals. Charges for care outside the U.S. are as stated in appendix B. (Also see DOD Instruction (DODI) 6015.23.)

b. Extent of care and collection procedures are stated in appendix B. The following special provisions apply.

(1) Persons covered under a specific international agreement (para 3-20c) will be provided care to the extent specified in the agreement. If not specified, care will be provided subject to the limitation indicated in (4) below. Such persons will be charged at the rate specified in the agreement or, if no rate is stated, at the inpatient or outpatient rate applicable to the specific category (military or civilian).

(2) NATO liaison personnel (para 3-20d) will be provided care in Army MTFs outside the U.S. under the same conditions and to the same extent as U.S. Army personnel.

(3) Crew and passengers of visiting military aircraft of NATO nations (para 3-20e) will be furnished care available at the airfield concerned. No charge will be made for outpatient care. Subsistence charges incident to hospitalization will be collected locally from the patient. The hospitalization charge stated in appendix B, minus the subsistence portion, will be collected from the appropriate nation by Headquarters, U.S. Army, Europe (USAREUR) upon receipt of DD Form 7 (Report of Treatment Furnished Pay Patients: Hospitalization Furnished (Part A)) or by the OCONUS MEDDAC/MEDCEN (for outside USAREUR) furnishing the care. Instructions for the use of DD Form 7 are—

(a) Enter the report control symbol (RCS).
(b) Section 1. Name of medical activity, base and/or post, and MACOM, as applicable, providing medical care in CONUS. Enter name of medical activity, Army Post Office (APO), and MACOM OCONUS.
(c) Section 2. Month and year of service covered by the report.
(d) Section 3. Patient category.
(e) Section 4. Authority for treatment. If a written authorization is required before treatment, submit a copy of the authorization with DD Form 7. For beneficiaries of the OWCP, submit two copies of CA-16 (Request for Examination and/or Treatment) with DD Form 7.
(f) Section 5. Name in full and ID number of each patient. Include the social security claim number if applicable.
(g) Section 6. Grade or status of individual (that is, civilian, eligible family member, title of seaman, etc.).
(h) Section 7. Organization. As applicable, unless other information is required for the category of patient concerned.
(i) Section 8. Diagnosis and diagnosis related group (DRG) of each patient.
(j) Section 9. Admission date. Day, month, and year of admission to hospital.
(k) Section 10. Discharge date. Enter the day, month, and year each patient was discharged from the hospital or, if remaining in the hospital at the end of the month, enter the last day of the month followed by the notation “REM” (remaining). A patient on any authorized or unauthorized absence from the hospital for more than 24 hours is reported as discharged from the hospital on the date of departure (the day of departure is not counted as a day of hospitalization).
(l) Section 11. Total. Enter the total days each patient was hospitalized during the report period. Day of admission is included but not the day of discharge.
(m) Section 12. Enter date of certification.
(n) Section 13. Signature of the MTF commander of authorized representative (on the original only) including grade and organization.
(o) Section 14. Show total days hospitalized and total amount. Item 11 shall equal the total reported in item 14.
(p) Patients attached for meal days only. Transient patients, casuals, enlisted outpatients attached for meal days only, and duty personnel (other than Air Force, Army, Navy and Marine Corps) who are entitled to subsistence at Government expense. Submit DD Form 7 in two copies. Complete items 1 through 4. Omit items 5 through 8. In item 9, “Admission Date,” indicate the date meals days were provided. Omit item 10. In item 11, enter the total number of meal days served.

(4) Foreign nationals (para 3-18) will not be admitted to Army MTFs for chronic conditions that would require more than 90 days hospitalization.
(5) Special foreign nationals (para 3-20f) will be billed locally at the full reimbursable rate unless the approving overseas commander waives charges.
(6) IMET military and civilian trainees and family members of military trainees (para 3-20b) will be billed locally for subsistence only. At the end of each calendar month, all inpatient and outpatient care furnished IMET trainees in an Army MTF (except in USAREUR) will be reported to Commander, USAMEDCOM, ATTN: MCRM, 2050 Worth Road, Fort Sam Houston, TX 78234-6000 for billing purposes. Billing will be at the proper IMET rate less the amount collected for subsistence. Copies of the ITO will accompany the reports.

Chapter 5

Dispositioning Patients

5-12. Sick call

The daily assembly of sick and injured AD soldiers for examination is established to provide routine medical treatment. Such patients require DD Form 689. After examination, patients determined to be medically unsuitable for duty will be admitted as an inpatient or placed in an observation bed status at the MTF.

5-20. Patients of NATO nations

a. Patients who are members of NATO military forces will be transferred per ratified agreement (NATO STANAG 2061). The transfer will take place at the earliest opportunity under any of the conditions cited in (1) through (3) below.

(1) When an MTF of the patient's own nation is within reasonable proximity of the holding nation's facility.
(2) When the patient is determined to require hospitalization in excess of 30 days.
(3) When there is any question as to the ability of the patient to perform duty upon release from the MTF.

b. All clinical documents, to include x rays, relating to the patient will accompany him or her on transfer to his or her own national organization. AR 40-66 contains a listing of National Military Medical Authority addresses.
c. The MTF commander will be responsible for the decision of suitability for transfer and the arrangements. Final transfer channels should be arranged by local liaison before movement.
d. Patients not suitable for transfer to their own national organizations will be accorded the same treatment and disposition considerations as would apply in the case of a U.S. military member until transfer can be made. This will include processing through the medical evacuation system.
e. Patients not requiring admission to an MTF will be returned to their nearest national organization under arrangements to be made locally.

5-21. Foreign military patients from non-NATO nations

When no disposition instructions are available for such patients, a request for instructions will be forwarded to USAMEDCOM, ATTN: MCHO-CL-P, 2050 Worth Road, Fort Sam Houston, TX 78234-6010.

5-22. Types of disposition for nonmilitary patients

Dispositions of Federal civilian employees and OWCP beneficiaries are discussed in paragraphs 3-14, 3-15, and 3-24. For other nonmilitary patients, the dispositions shown in a through e below apply.

a. Discharge from the MTF when the patient is released to his or her own custody or custody of the sponsor, NOK, or other authorized persons. (Appointments or instructions for follow-up treatment, if required, are initiated by the attending medical officer.)
b. Transfer to another MTF (para 2-13).
c. Absent without release (when the patient departs without proper release or is otherwise unaccounted for).
d. Release against medical advice. (The patient or other authorized persons will be required to complete DA Form 5009-R (Medical Record—Release Against Medical Advice) as indicated in AR 40-66.)
e. Death.

5-23. Nonmilitary patients mentally ill in a foreign country

a. U.S. military commanders in foreign countries have no authority under either domestic law or international law to

evacuate nonmilitary patients involuntarily. This lack of authority prevails even in medical emergencies when mental illness renders patients dangerous to themselves and others.

(1) The involuntary evacuation of a nonmilitary patient to the U.S. or elsewhere will occur only when the removal has been authorized by authorities of the host government. For persons serving with, or accompanying the Armed Forces or a non-DOD Federal agency, such authorization should be obtained by or with concurrence of the patient's sponsoring service or agency. A nonmilitary person who has been ordered removed may not be evacuated involuntarily except when delivered to proper authorities at the port of embarkation (POE).
(2) In no case will non-U.S. nationals be evacuated involuntarily between countries. An exception is when such evacuation is required by treaty or agreement with the host government, and the patient is delivered to U.S. control at the POE by authorities of the receiving State. Major overseas commanders and the Commander, U.S. Army Forces Command will seek, through the proper U.S. foreign services establishments, to conclude agreements or understanding on procedures to be followed.

Appendix B

Persons Authorized Care at Army MTFs

This appendix serves as a quick reference for personnel who admit and bill patients at Army MTFs. (Notes and definitions not defined in the glossary are at the end of the appendix.)

ction VI. Foreign Nationals							
Paragraph	Class of Patient	Patient Category Codes	Charges		Collect	Report required for central reimbursement	Hearing aids, prostheses, spectacles, or orthopedic footwear
			Inpatient or Subsistence	Outpatient or Immunization			
8	Foreign military members of NATO nations in the U.S., including NATO IMET; foreign military members in the U.S. under DOD sponsorship; Partnership For Peace, and foreign military members in the U.S. in a status officially recognized by DA.	K71, K72	FRR.	None.	Subsistence only from member. Report all other charges to USAMEDCOM.	DD Form 7.	Yes.

ction VI. Foreign Nationals (continued)							
Paragraph	Class of Patient	Patient Category Codes	Charges		Collect	Report required for central reimbursement	Hearing aids, prostheses, spectacles, or orthopedic footwear
			Inpatient or Subsistence	Outpatient or Immunization			
8	NATO family members of foreign personnel.	K73	FRR.	None.	Locally from individual or sponsor.	DD Form 7 unless collected locally.	No. (See note 4.)
8	Foreign civilians accompanying military personnel of NATO nations and their family members.	K76, K77	FRR.	FRR.	Locally from individual.	None.	No.
8	IMET trainees	K71	IMET.	IMET.			
8	Family members of IMET military trainees except NATO IMET.	K75	FRR.	FRR.	Locally from individual or sponsor.	None.	No. (See note 5.)
8	Family members of NATO IMET.	K75	FRR.	None.	Locally from individual or sponsor.	None.	No. (See note 4.)
8	FMS trainees.	K71	FRR.	FRR.	Collect subsistence locally. Report all others to USAMEDCOM.	DD Form 7/7A.	Yes.
8	Family members of FMS trainees.	K75	FRR.	FRR.	Locally form individual or sponsor.	None.	No. (See note 4.)
8	Foreign nationals who provide direct service to U.S. Armed Forces	K74	FRR.	FRR.	Locally from individual when applicable.	None.	No.

ction IV Foreign Nationals (continued)

Paragraph	Class of Patient	Patient Category Codes	Charges		Collect	Report required for central reimbursement	Hearing aids, prostheses, spectacles, or orthopedic footwear
			Inpatient or Subsistence	Outpatient or Immunization			
8	Special nationals (including KATUSA).	K74	FRR.	FRR.	Locally from individual when applicable.	None.	Yes.
8	Foreign national in the U.S. on IMET orientation tours.	K71	IMET.	IMET.	Locally from individual.	None.	No.
20	Liaison personnel from NATO Army force OCONUS.	K72	SR.	None.	Collect subsistence locally from individual.	DD Form 7.	Yes.
20	Crews and passengers of NATO that land at U.S. or allied airfields OCONUS.	K72	FRR.	None.	Collect subsistence locally from individual. Report others to USAREUR.	DD Form 7.	No.

tes:
Items other than artificial limbs and artificial eyes may be sold to family members outside the United States and at designated stations within the United ates (para 3-12b).
Hospitalization is authorized only when required in connection with conducting medical examinations.
Reimbursements made to the Army on a per capita cost basis for health services provided civilian employees (or prospective employees) of Federal partments and agencies other than the Army, except employees (or prospective employees) of the Navy, Marine Corps, and Air Force in the Washington, , area.
These items may be furnished on a reimbursable basis at stations within the United States that have been designated remote for purposes of furnishing ch items to Uniformed Services family members.
These items may be furnished on a reimbursable basis outside the United States and at stations in the United States that have been designated remote for purpose of furnishing such items to the US Uniformed Services family members.
For beneficiaries of the Department of State, outpatient bills will be forwarded directly by the MEDDAC to the Department of State, ATTN: Medical Services, ashington, DC 20520.
For certain CONUS installations designated remote for purposes of medical care for civilian employees, Subrate 1 (Interagency Rate) will apply.
Emergency care subsistence charge only. Nonemergent follow-up occupational health or worker's compensation care for NAF employees will be billed to employer at the IAR.

	Family Member Rate
	Full (Others) Reimbursement Rate
	Full subsistence rate inclusive of surcharge
	Full-time training duty
	Interagency Reimbursement Rate
	Initial entry training
USA	Korean Augmentation to the U.S. Army
EVAC	Medical evacuation
	Military personnel, Army (appropriation)
A	National Guard Personnel, Army (appropriation)
	Prisoner of war
	Regular Army
	Reserve Personnel, Army (appropriation)

Subsistence rate
United States Army
F United States Air Force
FA United States Air Force Academy
A United States Military Academy
C United States Marine Corps
TF Uniformed Services medical treatment facility
United States Navy
A United States Naval Academy
HS Uniformed Services University of Health Sciences

NAVMEDCOMINST 6320.3B, Medical and Dental Care for Eligible Persons at Navy Medical Department Facilities

DEPARTMENT OF THE NAVY
Naval Medical Command
Washington, DC 20372-5120

NAVMEDCOMINST 6320.319
MEDCOM-33
14 May 1987

NAVMEDCom INSTFIUCTION 6320.313
From: Commander, Naval Medical Command

contained in SECNAVINST 6320.8D and NAVMED-COMINST 6320.IA.

To: All Ships and Stations
Subj: MEDICAL AND DENTAL CARE FOR ELIGIBLE PERSONS AT NAVY MEDICAL DEPARTMENT FACILITIES

Encl: (1) Procedures for transferring patients In naval MTFs to medical holding companies
(2) The Privacy Act-Disclosure to others and disclosure accounting
(3) Office of Workers' Compensation Programs (OWCP) District Offices
(4) Reservists-Continued treatment, return to limited duty, separation, or retirement for physical disability
(5) Offices of Medical Affairs and Offices of Dental Affairs
(6) Bibliography of instructions, notices, manuals, and other source material cited
(7) Data Management Information System (DMIS) Facility Identifier
(8) Acronyms
(9) DEERS Treatment and Billing Flow Chart

1. Purpose. To describe and publish the policies and procedures for providing medical and dental care to eligible persons at Navy Medical Department facilities. This instruction is a complete revision and should be read in its entirety. Symbols to denote deleted, revised, or added paragraphs are not reflected.

2. Cancellation. NAVMEDCOM Instruction 6320.3A.

3. Scope

paragraph
a. The provisions of this instruction:

(l) Enumerate those persons eligible to receive medical and dental care at Navy Medical Department facilities.

(2) Prescribe the extent and conditions under which medical and dental care may be provided such persons.

b. Guidelines for obtaining medical and dental care from nonnaval sources, other than supplemental care, are

C. In addition to guidance provided in this instruction on initiating the collection process; charges, payments, and collection procedures outlined in the Resource Management Handbook (NAVMED P-5020) (NOTAL) and NAVMEDCOMNOTE 6320 (Cost elements of medical, dental, subsistence rates, and hospitalization bills) (NOTAL) are applicable to persons enumerated in this instruction,

d. Enclosures (1) through (9) enhance and simplify the use of this instruction by providing supplemental information, part of which is excerpted from other directives.

4. Action. Ensure that personnel under your cognizance are made aware of the contents of this instruction. Apprise all such personnel that failure to comply with prescribed requirements could result in the Navy's denying responsibility for the expenses of medical and dental care obtained from other than Federal sources.

5. Reports. The following reports have been approved by the Chief of Naval Operations for a period of 3 years only from the date of this instruction:

a. Retained original Nonavailability Statements issued under the provisions of section D, paragraph 3 will be sent weekly to the Commanding Officer, Naval Medical Data Services Center (Code-03), Bethesda, MD 20814-5066, for compilation and reporting to the Assistant Secretary of Defense for Health Affairs (ASD(HA)) under control symbol DD-HA (Q) 1463(6320).

b. The DEERS project officer report (report control symbol MED 6320-42) required in section A,

4cc(l)(c) will be made annually (situationally when changes occur) to NAVMEDCOM WASHINGTON DC by message.

6. Forms. Forms prescribed for use are available from the various sources indicated below:

a. The following forms are available from the Federal Supply System through normal supply procurement procedures:

Form No.	Title	National Stock No.
SF 88 (B X 21 version)	Report of Medical Examination (Rev. 10-75)	7540-00-753-4570
SF 93	Report of Medical History (Rev. 12-75)	7540-MI81-8368
SF 502	Narrative Summary (Clinical Resume) (Rev. 3-79)	7540-00-634-4114 (flat sheet)
SF	Narrative Summary (Clinical Resume) (Rev. 3-79)	7540-00-634-4115 (2-part snap out
set)		
SF 522	Request for Administration of Anesthesia and for Performance of Operations and Other Procedures (Rev. 10-76)	7540-00-634-4165
SF 539	Abbreviated Medical Record (Rev. 10-75)	7540-00-634-4175

b. The following forms are available from COG 11 stock points of the Navy Supply System and can be ordered

per NAVSUP PJ2002:

Form No	Title	Stock No.
DD 7	Report of Treatment Furnished Pay Patients, Hospitalization Furnished (Part A) (Rev. 1-76)	0102-LF-000-0070
DD 7A	Report of Treatment Furnished Pay Patients, Outpatient Treatment Furnished (Part B) (Rev. 8-76)	0102-LF-OW-0075
DD 1172	Application for Uniformed Services Identification and Privilege Card (Rev. 1-79)	0102-LF-WI-1722
DD 1251	Nonavailability Statement (Rev. 8-86)	0102-LF-001-2512
DD 2161	Referral For Civilian Medical Care (Rev. 10-78)	0102-LF-002-1610
NAVJAG 5890/12	Hospital and Medical Care, 3rd Party Liability Case/Supplemental Statement (Rev. 3-78)	0105-LF-105-8960
NAVMED 6300,15	Inpatient Admission/Disposition Record (Rev. 5-79)	0105-LF-206-3025
NAVMED 6320/9	Dependent's Eligibility for Medical Care (Rev. 8-85)	0105-LF-214-1592
NAVMED 6320/30	Disengagement for Civilian Medical Care (Rev. 11-86)	0105-LF-215-01 10
SF 88	Report of Medical Examination (Rev. 4-68)	0105-LF-200-7140

c. The follo*ing forms are available from the sources indicated:

Form No.	Title	Source
CA- 16	Request for Examination and/or Treatment	OWCP district offices in enclosure (3).
CA-20	Attending Physician's Report	Same as above.
HRSA 43	Contract Health Service Purchase Order for Hospital Services Rendered	Public Health Service Central Warehouse 12290 Wilkins Avenue Rockville, MD 20857 (301) 443-2116
HRSA, 64	Purchase/Delivery Order for Contract Health Services Other than Hospital Inpatient or Dental	Same as above.
VA 10-10	Application for Medical Benefits	Local Veterans Admini-stration facilities.
VA 10-10m	Medical Certificate and History	Same as above.

(d). NAVMED 6100/4, Medical Board Certificate Relative to Counseling on Refusal of Surgery and/or Treatment, (Rev. 11-86) is available from COMNAVMEDCOM (MEDCOM-33)

J. S. CASSELLS
Commander
Naval Medical Command

Section E. MEMBERS OF FOREIGN *MILITARY* SERVICES AND THEIR DEPENDENTS

	Paragraph	Page
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Members of Other Foreign Military Services and Their Dependents	3	E-5
Members of Security Assistance Training Programs, Foreign Military Sales, and Their ITO Authorized Dependents	4	E-6
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Charges and Collection	6	E-10

1. General Provisions

a.Dependent. As used in this section, the term "dependent" denotes a person who bears one of the following relationships to his or her sponsor:

(1) A wife.

(2) A husband if dependent on his sponsor for more than one-half of his support.

(3) An unmarried legitimate child, including an adopted or stepchild who is dependent on the sponsor for over one-half of his or her support and who either:

(a) Has not passed the 21st birthday; or

(b) Is incapable of self-support due to a physical or mental incapacity that existed prior to reaching the age of 21; or

(c) Has not passed the 23rd birthday and is enrolled in a full-time course of study in an accredited institution of higher learning.

b.Transfer to Naval MTFs in the United States. Do not transfer personnel covered in this section to the United States solely for the purpose of obtaining medical care at naval MTFs. Consideration may be given however, in special circumstances following laws of humanity or principles of international courtesy. Transfer to naval MTFs in the United States of such persons located outside the United States requires approval of the Secretary of the Navy. Naval commands, therefore, should not commit the Navy by a promise of treatment in the United States. Approval generally will not be granted for treatment of those who suffer from incurable afflictions, who require excessive nursing or custodial care, or those who have adequate facilities in their own country. When a request is received concerning transfer for treatment at a naval MTF in the United States. The following procedures apply:

(1) Forward the request to the Chief of Naval Operations (OP-61). With a copy to the Commander, Naval Medical Command, Washington, DC 20372-5120 for administrative processing. Include:

(a) Patient's full name and grade or rate (if dependent, the sponsor's name and grade or rate also).

(b) Country of which a citizen.

(c) Results of coordination with the chief of the diplomatic mission of the country involved.

(d) Medical report giving the history, diagnosis. clinical findings. results of diagnostic tests and procedures, and all other pertinent medical information.

(e) Availability or lack thereof of professional skills and adequacy of facilities for treatment in the member's own country.

(f) Who will assume financial responsibility for costs of hospitalization and travel.

(2) The Chief of Naval Operations (OP-61) will. if appropriate, obtain State Department clearance and guidance and advise the Secretary of the Navy accordingly. The Commander, Naval Medical Command will furnish the Chief of Naval Operations information and recommendations relative to the medical aspects and the name of the naval MTF with the capability to provide required care. if approved, the Chief of Naval Operations will furnish, through the chain of command, the commanding officer of the designated naval MTF authorization for admission of the beneficiary for treatment.

2. NATO

a. NATO SOFA Nations. Belgium, Canada, Denmark, Federal Republic of Germany, France, Greece, Iceland, Italy, Luxembourg, the Netherlands, Norway. Portugal, Spain, Turkey, the United Kingdom, and the United States.

b. Beneficiaries. The following personnel are beneficiaries under the conditions set forth.

(1) Members of NATO Military Services and Their Dependents. military personnel of NATO nations who, in connection with their official duties, are stationed in or passing through the United States, and their dependents residing in the United States with the sponsor may be provided care in naval MTFs to the same extent and under the same conditions as comparable U.S. uniformed services personnel and their dependents. Accordingly, the provisions of section B. paragraph 2 are applicable to military personnel and section D, paragraphs ld through 4 to accompanying dependents.

(2) Military Ships and Aircraft Personnel. Crew and passengers of visiting military aircraft and crews of ships of NATO nations which land or come into port at NATO or U.S. military airfields or ports within NATO countries.

(3) NATO Liaison Officers. In overseas areas, liaison officers from NATO Army Forces or members of a liaison detachment from such a Force.

c. Application for Care Military personnel of NATO nations stationed in the United States and their dependents will present valid Uniformed services Identification and Privilege Cards (DD 1173) when applying for care. For other eligible persons passing through the United States on official business and those enumerated in paragraphs 2b(2) and (3), orders or other official identification may be accepted in lieu of the DD 1173.

d. Disposition. When it becomes necessary to return individuals to their home country for medical reasons, make immediate notification to the NATO unit sponsoring the member or dependent's sponsor. 1nclude all pertinent information regarding the physical and mental condition of the individual concerned. Below are details of agreements among the Armed Forces of NATO. CENTO, and SEATO Nations on procedures for disposition of allied country patients by DOD medical installations.

(1) Transfer of Patients

(a) The patient's medical welfare must be the paramount consideration. When deciding upon transfer of a patient, give due consideration to any increased medical hazard which the transfer might involve.

(b) Arrangements for disposition of patients should be capable of being implemented by existing organizations. Consequently. no new establishment should be required specially for dealing with the transferring of allied casualties.

(c) Transfer patients to their own national organization at the earliest practicable opportunity consistent with the observance of principles established in paragraphs 2d(l)(a) and (b) and under any of the following conditions:

1. When a medical facility of their own nation is within reasonable proximity of the facility of the holding nation.

2. When the patient is determined to require hospitalization in excess of 30 days.

3. Where there is any question as to the ability of the patient to perform duty upon release from the MTF.

(d) The decision as to whether a patient, other than one requiring transfer under 2d(l)(c), is fit for release from the MTF is the responsibility of the facility's commanding officer.

(e) All clinical documents, to include x-rays, relating to the patient will accompany such patients on transfer to their own national organization.

(f) The decision of suitability for transfer and the arrangements for transfer are the responsibility of the holding nation.

(g) Through local liaison, arrange the final transfer channels before actual movement.

(h) Patients not suitable for transfer to their own national organization must be dealt with for treatment and disposition purposes as patients of the holding nation until they are transferred, i.e., they will be dealt with in military hospitals. military medical installations, or in civilian hospitals that are part of the military medical evacuation system of the holding nation.

(2) Classification of Patients. Different channels for disposition are required for the following two types of patients:

(a) Patients Not Requiring Admission. Patients not requiring admission to an MTF will be returned to their nearest national unit under arrangements to be made locally.

(b) Patients Admitted to Medical Installations. All such patients will be dealt with per paragraph 2d(l).

e. Care Authorized Outside the 48 contiquous United States. Major overseas commanders may authorize care in naval MTFs subject to the availability of space. facilities, and the capabilities of t-he professional staff in emergency situations only, provided, the required care cannot reasonably be obtained in medical facilities of the host country or in facilities of the patient's own country. or if such facilities are inadequate. Provide hospitalization only for acute medical and surgical conditions, exclusive of nervous. mental. or contagious diseases or those requiring domiciliary care. Administer dental treatment only as an adjunct to authorized inpatient care. Do not include dental prostheses or orthodontia.

3. Members of Other Foreign military Services and Their Dependents

a. Foreign Military Service Members. For the purpose of this paragraph, members of foreign military services include only:

(1) Military personnel carried on the current Diplomatic List (Blue) or on the List of Employees of Diplomatic Missions (White) published by the Department of State.

(2) Military personnel assigned or attached to United states military units for duty; military personnel on foreign military supply missions accredited to and recognized by one of the military departments; and military personnel on duty in the United States at the invitation of the Secretary of Defense or one of the military departments. For the purpose of this paragraph. members of foreign Security Assistance Training Programs (SATP) and Foreign Military Sales (YMS) are not included (see paragraph 4 of this section).

(3) Foreign military personnel accredited to joint United States defense boards or commissions when stationed in the United States.

(4) Foreign military personnel covered in agreements entered into by the Secretary of State, Secretary of Defense, or one of the military departments to include, but not limited to. 'United Nations forces personnel of foreign governments exclusive of NATO nations.

b. Care Authorized in the United States. Military personnel of foreign nations not covered in paragraph 2 and their dependents residing in the 'United States with the sponsor may be routinely provided only outpatient medical care in naval MTFs on a reimbursable basis, provided the sponsor is in the United States in a status officially recognized by an agency of the Department of Defense. Dental care and hospitalization for such members and their dependents are limited to emergencies. All outpatient care and hospitalization in emergencies are subject to reimbursement as outlined in paragraph 6.

c. Application for Care. All personnel covered by this paragraph will present orders or other official U.S. identification verifying their status when applying for care.

d. Disposition. When it becomes necessary to return individuals covered by this paragraph to their home country for medical reasons, make immediate notification to the sponsoring unit of the patient or patient's sponsor with a copy to the Chief of Naval Operations (OP 61). Include all pertinent information regarding the physical and mental condition of the individual concerned and full identification, diagnosis. prognosis, estimated period of hospitalization, and recommended disposition. Additionally, the provisions of paragraphs 2d(l) and (2) above apply.

e. Care Authorized Outside the 48 Contiguous United States. Major overseas commanders may authorize care in naval MTFs subject to the availability of space, facilities, and the capabilities of the professional staff in emergency situations only, provided, the required care cannot reasonably be obtained in medical facilities of the host country or in facilities of the patient's own country, or if such facilities are inadequate. Provide hospitalization only for acute medical and surgical conditions, exclusive of nervous. mental, or contagious diseases or those requiring domiciliary care. Administer dental treatment only as an adjunct to authorized inpatient care. Do not include dental prostheses or orthodontia.

4. Members of Security Assistance Training Programs, Foreign Military Sales, and Their ITO Authorized Dependents

a. Policies

(1) Invitational Travel Orders Screening. Prior to determining the levels of care authorized or the government or person responsible for payment for care rendered, carefully screen ITOs to detect variations applicable to certain foreign countries. For example. unless orders state differently, Kuwait has a civilian health plan to cover medical expenses of their trainees; trainees from the Federal Republic of Germany are personally responsible for reimbursing for inpatient care provided to their dependents; and all inpatient medical services for trainees from France and their dependents are to be borne by the individual trainee.

(2) Elective and Definitive Surgery. The overall policy with respect to elective and definitive surgery for Security Assistance Training Program (SATP). Foreign Military Sales (FMS) personnel and their dependents is that conservatism will at all times prevail, except bona fide emergency situations which might threaten the life or health of an individual. Generally, elective care is not authorized nor should be started. However, when a commanding officer of a naval MTF considers such care necessary to the early resumption and

completion of training, submit the com-plete facts to the Chief of Naval Operations (OP-63) for approval. Include the patient's name (sponsor's also if patient is an ITO (Invitational Travel orders) authorized dependent). grade or rate. country of origin, diagnosis, type of elective care being sought. and prognosis.

(3) Prior to Entering Training. Upon arrival of an SATP or FMS trainee in the United States or at an overseas training site, it is discovered that the trainee cannot qualify for training by reason of a physical or mental condition which will require a significant amount of treatment before entering or completing training, return such trainees to their home country immediately or as soon thereafter as travel permits.

(4) After Entering Training. When trainees require hospitalization or are disabled after entering a course of training, return them to their home country as soon as practicable when, in the opinion of the commanding officer of the medical facility. hospitalization or disability will prevent training for a period in excess of 30 days. Forward a copy of the patient's clinical records with the patient. When a trainee is accepted for treat--ment that is not expected to exceed 30 days, notify the commanding officer of the training activity. Further, when a trainee is scheduled for consecutive training sessions convening prior to the expected date of release from a naval MTF, make the next scheduled training activity an information addressee. Upon release from the MTF, direct such trainees to resume training.

b. Care Authorized. Generally, all SATF and FMS personnel and their ITO authorized dependents are entitled to care to the same extent. However, certain agreements require that they be charged differently and that certain exclusions apply.

(1) NATO Members and Their ITO Authorized Dependents

(a) Foreicn military sales (FMS). Subject to reimbursement per paragraph 6, FMS personnel of NATO nations who are in the United States or at U.S. Armed Forces installations outside the United States and their accompanying ITO authorized dependents will be provided medical and dental care in naval MTFs to the same extent and under the same conditions as comparable United States military personnel and their dependents except that: under CHAMPUS.

1. Dependent dental care is not authorized.

2. Dependents are not authorized cooperative care

(b) International Military Education and Training (IMET). Subject to reimbursement for inpatient care at the appropriate IMET rate for members or at the full reimbursement rate for dependents, 1MET personnel of NATO nations who are in the United States or at U.S. Armed Forces installations outside the United States and accompanying dependents will be provided medical and dental care in naval MTFs to the same extent and under the same conditions as comparable United States military personnel and their dependents except that: under CHAMPUS.

1. Dependent dental care is not authorized.

2. Dependents are not authorized cooperative care

(2) Other Foreign Members and ITO Authorized Dependents

(a) Foreign Military Sales. Subject to reimbursement by the trainee or the trainee's government for both inpatient and outpatient care at the full reimbursement rate, FMS personnel of non-NATO nations and ITO authorized accompanying dependents may be provided medical and dental care on a space available basis when facilities and staffing permit except that:

1. Prosthetic devices, hearing aids, footwear, and similar adjuncts are not authorized.

2. Spectacles may be furnished when required to enable trainees to

perform their assigned duties, provided the required spectacles are not available through civilian sources.

3. Dental care is limited to emergency situations for the military member and is not authorized for dependents.

4. Dependents are not authorized cooperative care under CHAMPUS.

(b). International Military Education and Training. Subject to reimbursement for both inpatient and outpatient care at the appropriate rates for members and dependents, IMET personnel of non-NATO nations may be provided medical and dental care on a space available basis when facilities and staffing permit except that:

1. Prosthetic devices, hearing aids, orthopedic footwear. and similar adjuncts are not authorized.

2. Spectacles may be furnished when required to enable trainees to perform their assigned duties, provided the required spectacles are not available through civilian sources.

3. Dental care is limited to emergency situations for military memEers and is not authorized for dependents.

4. Dependents are not authorized cooperative care

c. Application for Care. Trainees and accompanying dependents will present official U.S. identification or orders verifying their status when applying for care. If any doubt exists as to the extent of care authorized, ITOs should be screened (see paragraph 4a(M.

d. Notification. When trainees require hospitalization as a result of illness or injury prior to or after entering training, the training activity (the hospital if patient has been admitted) will make a message report through the normal chain of command to the Chief of Naval Operations (OP-63) with information copies to MAAG. COMNAVMEDCOM. Navy international Logistics Control Office (NAVIbCO). Unified Commander, the affected office, and the foreign naval attaché concerned. Include details of the incident, estimated period of hospitalization, physical or mental condition of the patient, and diagnosis. For further amplification, see OPNAV INST 4950.1H (NOTAL) and NAVCOMPTMAN 032103.

5. Civilian Components (Employees of Foreign Military Services), and Their Dependents

a. Care Authorized. Beneficiaries covered in this paragraph are only authorized care in naval MTFs in the United States and then only civilian humanitarian emergency care on a reimbursable basis (appendix G) rendered at installations which have been designated as remote by the Secretary of the Navy. Make arrangements to transfer such beneficiaries to a civilian facility as soon as their condition permits.

b. Potential Beneficiaries

(1) NATO. Civilian employee personnel (and their dependents residing with them) accompanying military personnel in paragraph 2b(l) of this section, provided, beneficiaries are not stateless persons nor nationals of any state which is not a party to the North Atlantic Treaty, nor nationals of, nor ordinarily residents in the United States.

(2) Others. Civilian personnel not covered in (1) above (and their dependents residing with them) accompanying personnel of foreign nations on duty in the United States at the invitation of the Department of Defense or one of the military departments.

c. Application for Care. Personnel covered by the provisions of this paragraph will present orders or other official U.S. identification verifying their status when applying for care.

6. Charges and Collection

a Policy. Public Law 99-591. section 9029. contains provisions prohibiting the expenditure of appropriated funds 11 .... to provide medical care in the United States on an inpatient basis to foreign military and diplomatic personnel or their dependents unless the Department of Defense is reimbursed for the costs of providing such care: Provided, That reimbursements .... shall be credited to the appropriations against which charges have been made for providing such care, except that inpatient medical care may be provided in the United states without cost to military personnel and their dependents from a foreign country if comparable care is made available to a comparable number of United States military personnel in that foreign country.,,

b. Canadian Agreement. On 3 November 1986, the Department of National Defense of Canada and DOD concluded a comparable care agreement that covers certain military personnel. The agreement stipulates that:

(1) DOD will, upon request, provide Canadian Forces members the same range of medical and dental services under the same conditions and to the same extent as such services are provided comparable United States military personnel. Inasmuch as the agreement covers only certain **military personnel,** the reimbursement provisions of P.L. 99-591 remain in effect for inpatient care provided to Canadian diplomatic personnel, Canadian dependents. and Canadian foreign military sales trainees who receive care in the United States. Further:

(2) Permanently stationed Canadian units with established strengths of more than 150 personnel are expected to have integral health care capability. Any health care services which members of such units receive from the host nation will be provided on a full reimbursement basis. Groups of larger than 150 personnel, which conduct collective training in the United States, are expected to deploy with an organic unit medical capability. Naval MTFs may be requested to provide services, beyond the capability of the organic unit, at full reimbursement rates.

c. Procedures

(1) Until otherwise directed, naval MTFs in the 50 United States will collect the full reimbursement rate (FRR) for inpatient care provided to all foreign military personnel (except Canadians covered by the comparable care agreement in paragraph b above. and military personnel connected with a Foreign Military Sales (FMS) case number), foreign diplomatic personnel, and to the dependents of both whether they are in the United States on official duty or for other reasons.

(2) Appendix G contains procedures for the initiation of collection action when inpatient care is rendered to beneficiaries from NATO nations and when either inpatient or outpatient care is rendered to all others enumerated in this section. Chapter II, part 4 of NAVMED P-5020 (NOTAL) is applicable to the collection of and accounting for such charges.

AFI 41-115, Authorized Health Care and Health Care Benefits in the Military Health Services System (MHSS)

BY ORDER OF ***THE SECRETARY*** OF*THE AIR FORCE* *25 JULY 1994*

AIR FORCE INSTRUCTION 41-115

Health Services

AUTHORIZED HEALTH CARE AND HEALTH CARE BENEFITS IN THE MILITARY HEALTH SERVICES SYSTEM (MIZSS)

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

OPR: HQ USAF/SGHA (Maj M. Poulsen) Certified by: HQ USAF/SGH (Col H. F. Laws III)
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1.4.2. When an MTF provides care to individuals who aren't active duty personnel and categorical cutbacks in services must occur, use the following priority list:

1.4.2. 1. Active duty (includes North Atlantic Treaty Organization ' NATO) military personnel, Security Assistance and Training Program (SATP) personnel, and Reserve and Guard on active duty or inactive duty for training).

1.4.2.2. Family members (dependents) of active duty, of persons who die while on active duty, and unmarried former spouses who meet the criteria outlined in AFH 41-114.

1.4.2.3. Retired personnel (including those on the Temporary Disability Retired List (TDRL) and their family members including surviving dependents of persons who die while in retired status.

1.4.2.4. Civilian employees stationed overseas on official orders, traveling in temporary duty (TDY) status in the continental United States (CONUS), or covered under the Air Force Occupational Safety and Health (AFOSH) program. For a detailed explanation of civilian dependent entitlements, see AFH 41-114.

1.4.2.5. All other categories.

1.4.2.6. The general rule to follow when MTF personnel must make priority choices in the delivery of health care services is to serve active duty members first and cut back on services to them last.

1.4.2.7. In overseas locations, the wing commander may alter the priority of care (for other than active duty personnel) when by doing so a degradation of the mission is prevented. Civilian personnel stationed overseas determined to be "mission essential" are an additional beneficiary category to consider when changing the priority of care. This also applies when cutbacks in services must occur.

1.4.3. When individuals fall into several beneficiary categories, provide care at their highest priority level. The point of contact (POC) for questions regarding third party billing is the major command (MAJCOM) Resource Management Division.

1.4.4. In all cases (except active duty personnel), when space is unavailable, the MTF personnel may release individuals to civilian care. These individuals need to sign a memorandum (**Attachment 6)** that they understand that MTF care is limited. By signing the memo, patients acknowledge that the MTF may transfer them to civilian care under certain circumstances. This memo is especially important because it alerts patients to financial considerations and ensures continuity of care if patients subsequently choose civilian care over the MTF.

1.4.5. MTF policies regarding individuals access to the health care system must reflect the guidelines established in this instruction.

1.4.6. DoD Instruction 6015.20, *Changes in Services Provided at Military Medical Treatment Facilities (MTFs) and Dental Treatment Facilities (DTFs)* December 3, 1992, with Change 1, contains the notification requirements for MTFs considering cutbacks. This notification applies to categorical limitations, such as limiting services to all retirees in a specialty or to inpatients who reach their hospitalization limits. 10 U.S.C. 55 contains cutback requirements. When cutbacks affect custodial and domiciliary care, or exceed the capabilities of the staff or facility, notify the MAJCOM surgeon's office, which advises Headquarters United Status Air Force, Managed Care Division (HQ USAF/ SGHA) and Headquarters Air Force Medical Operations Agency (HQ AFMOA).

1.4.7. TDRL patients who have been directed to an MTF for a physical associated with their TDRL status have the same priority for the physical as an active duty member.

1.5. Eligibility Verification. The local Military Personnel Flight (MPF) establishes an individual's eligibility for medical care. Medical facility personnel confirm the patient's identity and verify entitlement through the Defense Enrollment Eligibility Reporting System (DEERS) and ID "check." Direct questions on eligibility to the Director of Patient Administration.

1.5.1. Individuals requesting care must show satisfactory evidence of t4eir beneficiary status. A valid ID card and a DEERS eligibility check are the ways to establish a patient's beneficiary status. Children under age 10 must be enrolled in DEERS, but they don't need their own ID cards. MTF personnel should not provide routine care to patients with questionable eligibility until they make a final determination on a patient's eligibility. In an emergency, always provide care first. Determine eligibility after treatment.

1.5.2. Eligibility verification is normally a two-step process. First, the patient presents a valid ID card. MTF staff ensures that all patients, including those in uniform, s 4ow valid IDs before they provide routine care, ancillary, or administrative services.

1.5.2.1. Types of Uniformed Services ID cards:

- DD Form 2 AFACT, **United States Armed Forces Identification Card,** (green for active duty, red for reserves, and gray or blue for retirees).
- DD Form 1173, **Uniformed Services Identification and Privilege Card,** (brown for family members and specifically for foreign military personnel/family members.
- DD Form 1173-1, **Department of Defense Guard and Reserve Family Member Identification Card,** for family members of reserve personnel.

1.5.2.2. The United States Public Health Service (USPHS) ID card number is PHS 1866-1 for active duty and PHS 1866-2 for reserve PHS personnel. Individuals in possession of these cards are authorized users of DoD medical facilities.

1.5.2.3. Some separating personnel and their family members are eligible for medical benefits under the Transitional Assistance Management Program (TAMP) and possess the DD Form 1173.

1.5.2.4. Other beneficiaries have different organizational identification. When an organization doesn't issue ID cards, its members must show some proof of organizational affiliation as well as personal identification.

1.5.2.5. Each uniformed service issues DD Form 1173. Contact the nearest uniformed facility for information on applicable publications.

1.5.3. The second step in verifying a person's eligibility status is DEE_RS. Not all beneficiaries are enrolled in DEERS. MTFs should perform DEERS checks on active duty, retirees, family members of active duty and retired, TAMP eligibles, and survivors only.

1.5.3.1. Deny routine care when the verification process results in questionable eligibility. In these situations, a competent medical authority then performs a risk assessment. If there is a possibility of risk to either the patient or the Air Force, treat the patient. Such patients must first sign a statement saying they will prove eligibility within 30 days. After the 30th day, Patient Administration forwards the patient information to Resource Management for billing. This procedure applies to "hands-on" care as well as ancillary services, for example, filling prescriptions from non-Federal civilian providers.

1.5.3.2. Perform a DEERS check when a dependent child, over 10 years of age and without an ID card, seeks medical care. If the child is in DEERS and with an adult sponsor or parent who has a valid ID card, don't require the parent to return within 30 days with the ID card. The Director of Patient

Administration should explain to the sponsor or parent that all children over 10 years of age need ID cards to continue to receive authorized military services like health care.

1.5.3.3. Provide routine care in the direct care system to these categories of patients (even if they fail a DEERS eligibility check):

- The patient received an ID card within the last 120 days.
- The patient presents a DD Form 1172, **Application for Uniformed Services Identification and Privilege Card,** that the Air Force issued or reverified within the last 120 days. The DD Form 1172 must have a date and a verifying authority from the MPF must have certified it. This certification includes an original signature in ink with the rank, position, and phone number of the verifying official.
- The patient's sponsor is a member of the Reserve or National Guard ordered to Federal active duty for more than 30 days and the patient has a copy of such orders. The beginning period of active duty must be within the last 120 days.
- The patient is less than 1 year old.
- The patient is under 10 years old and the sponsor is a reservist or guardsman called to duty (within the last 120 days) for more than 30 days. The child may use a copy of the orders to verify eligibility.

- The patient is a Secretarial Designee (use the designee letter to verify eligibility and benefits).
- The patient is a foreign military sponsor or family member.
- The sponsor is on overseas assignment, afloat, or has an Array or Air Force Post Office (APO) or Fleet Post Office (FPO) address. The patient should present some documentation to indicate the sponsor's status such as TDY or PCS orders.

1.5.4. Each MTF must have written instructions on how to handle patients with questionable eligibility.

1.5.5. The Director of Patient Administration establishes a procedure to verify the eligibility of all beneficiaries with prescriptions from non-Federal providers. Such procedures should verify eligibility with a valid ID card and a DEERS check. The procedures should also allow adult family members or friends to pick up prescriptions from the pharmacy for an eligible beneficiary.

1.6. The Uniformed Services Treatment Facilities (USTF) Program. USTFs are former US Public Health Service medical treatment facilities providing medical and dental care to DoD beneficiaries. Individuals eligible to receive care in a Department of Defense medical treatment facility (DoD MTF) and living within the defined USTF service area may enroll in the local USTF Managed Care Plan. Active duty personnel aren't eligible to enroll in the Managed Care Plans but may receive medical care at USTFs. USTFs are required to reimburse MTFs for care provided to beneficiaries enrolled in the UTSF Managed Care Plans.

1.6. 1. MTF personnel whose facilities are located near USTFs must be familiar with the terms of the contract under which each USTF operates, for example, eligibility, billing procedures, health care benefits and Managed Care Plans.

1.6.2. The list of USTFs is in **Attachment 6.**

1.7. Comparable Care Agreements. Title 10, United States Code (Annotated), Chapter 15 1, Section 2549, requires foreign military and diplomatic personnel to pay for inpatient care in MTFs, unless the foreign country and the United States have completed an agreement indicating otherwise. These comparable care agreements require that both countries provide a comparable level of health care to a comparable number of personnel.

1.7.1. Air Force medical personnel who see the need for a comparable care agreement to provide inpatient care for foreign military or diplomatic personnel (or their family members) in the United States should send a proposal through the MAJCOM Surgeon's Office to HQ USAF/SGHA. Proposals should include:

- Enough information to evaluate the benefit of the agreement to the United States.

- Specific information on what the DoD would receive and what it would be expected to provide. For example, explain whether the foreign country would provide military or civilian care, at what price, and for whom (active duty, family member, and so on).

The number of foreign and US Forces personnel and their family members who may be affected by the agreement.

1.7.2. HQ USAF/SGHA reviews all proposals.

1.7.3. Currently only Canada, Germany, Ecuador, El Salvador, Guatemala, Uruguay, Tunisia and Columbia have comparable care agreements with the United States.

1.7.4. As additional agreements are completed, HQ USAF/SGHA will send the necessary information via message to MAJCOMs and MTFs.

1.8. Special Foreign Nationals. The Secretary of the Air Force may authorize Air Force health care benefits to foreign nationals considered to be critically important to the interests of the United States. The Secretary of the Air Force may use this authority for individual designations, on a case-by-case basis. Such a designation doesn't create a new category of beneficiaries.

1.8.1. Criteria for selection as a Secretary of the Air Force Designee for foreign nationals:
Foreign nationals nominated for designee status must be heads of State, Cabinet members (Minister), Chiefs of Staff of the Armed Forces, or hold equivalent positions.
Appropriate health care must not be available in the nominee's country or in a civilian health care facility in the United States.
The nominee or his government must agree to assume responsibility for payment of DoD health care services (at the FRR) and, if the individual requested and the Air Force approved the cost of aeromedical evacuation.

1.8.2. Designation procedures:

- Foreign governments seeking Designee status will submit requests to the State Department through the mission chief of the country involved. The request must contain the full name and title of the individual, an explanation of why the individual is critical to US interests, the pertinent medical information, the billing address (individual or off ice), and a certification that the nominee meets all of the necessary criteria.
- Refer inquiries from foreign embassies in Washington, or other sources to the US Chief of Mission in the country concerned.

- The State Department reviews the request and, if appropriate, refers it to the Office of the Assistant Secretary of Defense (Health Affairs) with a recommendation for approval.

- The Office of the Assistant Secretary of Defense (Health Affairs) reviews the request and, if appropriate, refers it to the Secretary of the Air Force with a recommendation for approval.

- If the Secretary of the Air Force approves the request, the Secretary's office forwards it to the Office of the Air Force Surgeon General for appropriate action. HQ USAF/SGHA prepares the request and assigns responsibility for moving the Designee through the Aeromedical Evacuation Control Center to the specific overseas or CONUs MTF.

1.8.3. When the Secretary of the Air Force designates an individual as a beneficiary for Air Force health care under this paragraph, the benefit does not extend to the individual's family.

1.9. Medically Related Services. Sections 927(c) and 1401 of Title 20, U.S. C. and the following entitles handicapped DoD Dependents Schools (DoDDS) students to a free public education. Federal law also entitles Handicapped DoDDS students who require medically related services and are in a "tuition free" status under DoD Directive 1342.13 *Eligibility Requirements for Education of Minor Dependents in Overseas Areas July* 8, 1983, with Changes I and 2, to receive those medical services free of charge, regardless of their beneficiary category, or the location of the service.

1.9. 1. Under DoD Instruction 1010. 13, *Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DoD Dependent School's Outside the United States* August 28, 1986, with Change 1, and DoD Instruction 1342.12, *Education of Handicapped Children in the DoD Dependent Schools,* December 17, 198 1, the DoD provides medical care and related services in-theater in overseas locations according to MTF capabilities. When a handicapped student who is entitled to government medical care needs an evaluation or services outside the theater, aeromedical evacuation of that student and an accompanying adult to and from CONUS is free. The Air Force may also authorize commercial transportation of the handicapped student and accompanying adult.

1.9.2. Providing medically related services under Sections 927(c) and 1401 of 20 U.S.C. must not disrupt the individual's special education. For evaluations performed in C-ONUS, consider the scope of the law. For example, ongoing counseling or physical therapy, in CONUS based facilities, is likely disruptive and, as such, inconsistent with the law and DoD directives. As a result, in the extremely rare case of a handicapped DoDDS student who cannot obtain required ongoing services in-theater, management must consider reassigning the individual's sponsor to another accompanied area where the necessary medical services are available that don't disrupt the child's special education.

1.10. **Authorization for Physical Examinations.** This paragraph doesn't cover the physical examinations (flying, non-flying and occupational health) in AFI 48-123, *Medical Examination and Medical Standards* (formerly AFR 160-43).

AFH 41-114, Extract Military Health Services System (MHSS) Matrix

BY ORDER OF THE
SECRETARY OF THE AIR FORCE

AIR FORCE HANDBOOK 41-114

Health Services
MILITAR Y REAL TH SER VICES SYSTEM
(MHSS) MATRIX

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(Mrs. Patricia Lasley) (Col George P. Taylor)

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12.2. **General Entitlements**. Once an individual is declared a deserter, the individual and his/her family members are not entitled to health care or aeromedical evacuation in the military health care system, including CHAMPUS and USTFs.

12.3. **Special Considerations**. A deserter returned to military control is entitled to care under Paragraph 1. or 2. Family members would be entitled to care under Paragraph 21. or 22.

Table 12. Not required.

Section B-Health Care for Foreign Forces Members. Section B describes the extent of health care services available to foreign forces members.

13. **NATO Military Personnel.** Authority is DODI 1000.13, Identification (ID) Cards for Members of the Uniformed Services, their Dependents, and other Eligible Individuals, December 30, 1992; DODD 6310.7

13.1. **Category Definition**. Military members of NATO countries including those under the FMS or IMET programs, who are in the United States (assigned or TDY) at the official invitation of a Federal Department or Agency.

13.2. **General Entitlements**. See Table 13.

13.3. **Special Considerations:**

13.3. If there is an international military reciprocal health care agreement (see Attachment 3) that establishes different benefits and/or charges, the agreement takes precedence over this table.

13.3.2. Supplemental health care for Canadian and German forces personnel in the US under their respective reciprocal health care agreements is authorized at Government expense in a civilian MTF. This includes all supplemental care requested by the MTF to complete a course of treatment, e.g. diagnostic tests, consultations, and treatment.

13.3.3. Billing procedures for NATO personnel who are IMET or FMS are identified in the individual's invitational travel order, (IMET charged IMET rate, FMS charged FRR). Also see special consideration in Paragraphs 15. and 16.

13.3.4. MAJCOMs with MTFs in NATO countries must supplement this paragraph with guidance on how to treat and bill NATO personnel in their MTFs in NATO countries.

13.3.5. Reimbursement is required for A/E, unless exempted under an international military reciprocal health care agreement. Enter pertinent information on DMRIS screen or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261.

Table 13. NATO Military Personnel.

	A	B	C
R L E	If the general benefit is benefit	and the patient is entitled to the	thencollect these charges U locally from the individual
1	direct care, outpatient	yes	na
2	direct care, inpatient		FRR, see para 13.3.1., 13.3.3.
3	CHAMPUS	no	na
4	supplemental care-non-CHAMPUS	for diagnostic tests only, see paragraph 13.3.2.	
5	supplemental care-CHAMPUS	no	
6	aeromedical evacuation	yes	see paragraph 13.3.5.
7	dental care		na
8	USTF care	no	
9	emergency care, outpatient	yes	
10	emergency care, inpatient		FRR, see para 13.3.1.
11	immunizations		na
12	prosthetic devices		

14. **Non-NATO Military Personnel.** Authority is DODI 1000. 13

14.1**. Category Definition**. Military members of non-NATO countries who are in the United States (Assigned or TDY) at the official invitation of a Federal Department or Agency and not funded under the Foreign Military Sales (FMS) or International Military Education and Training (IMET) programs. This includes individuals on the Diplomatic List or the List of Employees of Diplomatic Missions published by the State Department, individuals assigned or attached to a United States military unit for training, individuals on duty in the United States at the invitation of DOD, individuals accredited to a joint US defense board or commission. Non-NATO military members under the FMS or IMET programs on official business (assigned or TDY) who are funded through AFSAT are covered in **Table 15**. and **Table 16.**

14.2. General Entitlements. See Table 14.

14.3. Special Considerations:

14.3. 1. If there is an international military reciprocal health care agreement (see Attachment 3) that establishes different benefits and/or charges, the agreement takes precedence over this table.

14.3.2. Non-NATO countries who have signed up to the Partnership for Peace Status of Forces Agreement (SOFA) will receive the same medical care as NATO countries. If the country currently has an international military reciprocal health care agreement, the reciprocal agreement takes precedence.

14.3.3. MAJCOMs with MTFs in Non-NATO countries must supplement this paragraph with guidance on how to treat and bill Non-NATO personnel in MTFs in the foreign country. 14.3.4. No charge for outpatient care to individuals in the Military Personnel Exchange Program. 14.3.5. Prosthetic devices, excluding dental prostheses, are billed at the actual charge. Dental prostheses are billed at the current rate publicized by HQ USAF/SGMC. 14.3.6. Reimbursement for A/E required, unless exempted under an international military reciprocal health care agreement. Enter pertinent information on DMRIS screen or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261.

Table 14. Non-NATO Military Personnel.

	A	B	C
If the general benefit is R U L E		and the patient is entitled to	then collect these from the individual
1	direct care, outpatient	yes	FOPR, see para 14.3.1., 14.3.2., 14.3.4.
2	direct care, inpatient	no	na
3	CHAMPUS		
4	supplemental care- - non-CHAMPUS	for diagnostic tests only	actual charges, see para 14.3.1., 14.3.2.,14.3.4.
5	supplemental care-CHAMPUS	no	
6	aeromedical evacuation	yes	see paragraph 14.3.6.
7	dental care		full dental rate
8	USTF care	no	na
9	emergency care, outpatient	yes	FOPR, see para 14.3.1., 14.3.2., 14.3.4.
10	emergency care, inpatient		FRR, see para 14.3.1., 14.3.2.
11	immunizations		IR, see para 14.3.4.
12	prosthetic devices		actual charge, see para 14.3.5.

15. **Foreign Military Sales (FMS) Personnel (Non-NATO).** Authority is DODI 1000. 13.

15.1. Category Definition. Non-NATO personnel in the United States or overseas who are participating in an FMS program (part of the Security Assistance Training Program). NATO FMS participants are covered under Table 13.

15.2. General Entitlements. See Table 15.

15.3. Special Considerations:

15.3. 1. If there is an international military reciprocal health care agreement (see Attachment 3) that establishes different benefits and/or charges, the agreement takes precedence over this table.

15.3.2. Billing procedures are identified in the individual's invitational travel order (ITO). If the ITO states payment is to be made under the FMS case, then send the bill to the military department sponsoring the individual. For the Air Force, this is AF Security Assistance Training (AFSAT); the address is SA DAO DE, San Antonio/113, 2021 lst Drive West, Randolph AFB, TX 78150-4302.

15.3.3. If the MTF commander determines an FMS trainee requires medical treatment that forces discontinuance of the individual's training program for more than 30 days, notify the commander of the training facility.

15.3.4. If an FMS trainee is physically or mentally disqualified for further training, the MTF commander sends a message to: AFSAT, RANDOLPH AFB TXHCC,I/ with an information copy to OSAF, WASH DCHIAX//. Include the individuals name, grade, service number, home country, diagnosis, prognosis, expected time and type of disposition, and recommendation on whether return to home country is indicated. If "MINIMIZE" restrictions are in place, send the message priority and note "MINIMIZE CONSIDERED." If the patient is subsequently transferred to his or her home country, provide a complete set of medical records and ensure the patient's personal effects accompany the individual. Movement is requested by AFSAT to HQ USAF/LETTB, not by the MTF through GPMRC.

15.3.5. Dental care is limited to emergency care or that care required to keep individuals progressing in their training program. The decision as to what care is necessary rests with the Dental Squadron Commander or equivalent.

15.3.6. FMS funds will not be used to provide elective medical care. Charges for elective medical care must be reimbursed by the patient or his country.

15.3.7. Reimbursement is required for A/E unless exempted under an international military reciprocal health care agreement. Enter pertinent information on I) MRIS screen or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261.

Table 15. FMS Personnel (Non-NATO).

RULE	A If the general benefit is	B and the patient is entitled to the benefit	C then collect these charges as specified in the individual's Invitational Travel Orders (ITO)
1	direct care, outpatient	yes	FOPR, see para 15.3.1. and 15.3.2.
2	direct care, inpatient		FRR, see para 15.3.1. and 15.3.2.
3	CHAMPUS	no	na
4	supplemental care-non-CHAMPUS	for diagnostic tests only	actual charges, see para 15.3.1. and 15.3.2.
5	supplemental care-CHAMPUS	no	na
6	aeromedical evacuation	yes	see paragraph 15.3.7.

7	dental care	see para 15.3.5.	dental rate, see para 15.3.1. and 15.3.2.
8	USTF system	no	na.
9	emergency care, outpatient	yes	FOPR, see para 15.3.1. and 15.3.2.
10	emergency care, inpatient		FRR, see para 15.3.1. and 15.3.2.
11	immunizations		IR
12	prosthetic devices	no	na.

16. **International Military Education and Training (IMET) Personnel**. Authority is DODI 1000. 13.

16.1. Category Definition. Non-NATO personnel in the United States or overseas on a US installation under the IMET program (part of the Security Assistance Training Program). This does not include NATO personnel who are IMET sponsored. See Paragraph 5. for these individuals,

16.2. General Entitlements. See Table 16.

16.3. Special Considerations:

16.3. 1. If there is an international military reciprocal health care agreement (see Attachment 3) that establishes different benefits and/or charges, the agreement takes precedence over this table.

16.3.2. Billing procedures are identified in the individual's ITO. Send the bill to the military department sponsoring the individual. For the Air Force, this is SA DAO DE, San Antonio/IG, 2021 lst Drive West, Randolph AFB, TX 78150-430 1.

16.3.3. If the MTF commander determines an IMET trainee requires medical treatment that forces discontinuance of the individual's training program for more than 30 days, notify the commander of the training facility.

16.3.4. If an IMET trainee is physically or mentally disqualified for further training, the MTF commander sends a message to AFSAT RANDOLPH AFB TX//CC// with an information copy to OSAF WASH DCHIAX//. Include the individual's name, grade, service number, home country, diagnosis, prognosis, expected time and type of disposition, and recommendation on whether return to home country is indicated. If "MINIMIZE" restrictions are in place, send the message priority and note "MINIMIZE CONSIDERED." If the patient is subsequently transferred to his or her home country, provide a complete set of medical records and ensure the patient's personal effects accompany the individual. Movement is requested by AFSAT to HQ USAF/LETTB, not by the MTF through GPMRC.

16.3.5. Dental care is limited to emergency care and care required to keep an individual progressing in their training program. The decision as to what care is necessary rests with the Dental Squadron Commander or equivalent.

16.3.6. IMET funds will not be used to provide elective medical care. Charges for elective medical care must be reimbursed by the patient or his country.

16.3.7. Reimbursement is required for A/E, unless exempted under an international military reciprocal health care agreement. Enter pertinent information on DMRIS screen or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261.

Table 16. IMET Personnel (Non-NATO).

	A	B	C
R U	If the general benefit is	and the patient is entitled to the benefit	then collect these charges as specified in the individual's Invi-

L			tational Travel Orders (ITO)
E			
1	direct care, outpatient	yes	IMET rate, see paragraphs
2	direct care, inpatient		16.3.1. and 16.3.2.
3	CHAMPUS	no	na
4	supplemental care-non-CHAM-PUS	for diagnostic tests only	IMET rate, see paragraphs 16.3.1. and 16.3.2.
5	supplemental care-CHAMPUS	no	na
6	aeromedical evacuation	yes	see paragraph 16.3.7.
7	dental care	see paragraph 16.3.5.	IMET rate
8	USTF care	no	na
9	emergency care, outpatient	yes	sames as Rule 1/2
10	emergency care, inpatient		
11.	immunizations		IMET rate
12	prosthetic devices	no	na

17. **Aviation Leadership Program (ALP) Participants.** Authority is 10 U.S.C., Chapter 905.

17.1. Category Definition. Personnel in the United States who are participating in the Aviation Leadership Program (ALP), an AF Undergraduate Pilot Training (UPT) Scholarship program (part of the Security Assistance Training Program). While in the US they will also participate in other training such as the English Language Program at the Defense Language Institute and UPT and necessary related training.

17.2. General Entitlements. See Table 17.

17.3. Special Considerations:

17.3. 1. ALP students are provided medical/dental care without charge. If family members accompany the ALP student, the student or his government must defray all associated costs; charge the family member the full reimbursement rate for direct and emergency care. Billing procedures are identified in the individual's invitational travel order (ITO).

17.3.2. If the MTF commander determines an ALP student requires medical treatment that precludes start or successful completion of the program, contact OSAF/IAX, 1080 Air Force Pentagon, Wash DC 20330-1080, DSN 227-8399, for further instructions.

17.3.3. Dental care is limited to that care required to keep individuals progressing in their training program. Family members are limited to emergency treatment only at the full reimbursement rate.

17.3.4. Elective medical care will not be provided to ALP participants or their family members.

17.3.5. Reimbursement is not required for A/E. Enter pertinent information on DMRIS screen or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261.

Table 17. ALP Participants.

A	B	C	
R	If the general benefit is	and the patient is entitled to the	then collect these charges locally
U		benefit	from the individual
E			
1	direct care, outpatient	yes, see paragraph 17.3.1.	na
2	direct care, inpatient		SR
3	CHAMPUS	no	na
4	supplemental care-non-CHAM-PUS	for diagnostic tests only	

5	supplemental care-CHAMPUS	no	
6	aeromedical evacuation	yes	see paragraph 17.3.6.
7	dental care		na, see para 17.3.3.
8	USTF care	no	na
9	emergency care, outpatient	yes	sec paragraph 17.3.1.
10	emergency care, inpatient		
11.	immunizations		
12	prosthetic devices	no	na

19. **Foreign Military Personnel Overseas.** Authority is DODI 1000.13, E0 11733, DODD 6310.7

19.1. Category Definition. Non-US military personnel and their family members outside the 50 states and the District of Columbia. This does not include FMS or IMET active duty members.

19.2. General Entitlements. See Table 19.

19.3. Special Considerations:

19.3. 1. In-theater agreements take precedence over this Paragraph.

19.3.2. Health care/transportation will not be provided if these services are available from the parent country.

19.3.3. No charge for outpatient care to military personnel in the Military Personnel Exchange Program and accompanying family members. For health care for other foreign military personnel overseas refer to paragraphs 13, 14, 29, or 30.

19.3.4. Reimbursement required for A/E. Enter pertinent information into DMRIS screen or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261. In accordance with DODI 4515.13R, Nov 94.

Table 19. Foreign Military Personnel Overseas.

	A	B	C
R U L E	If the general benefit is	and the patient is entitled to the benefit	then collect these charges locally from the individual
1	direct care, outpatient	see paragraph 19.3.2.	FOPR, see paragraph 19.3.3.
2	direct care, inpatient	no	na
3	CHAMPUS		
4	supplemental care-non-CHAM-PUS	for diagnostic tests only	actual charges, see para 1.9.3.3.
5	supplemental care-CHAMPUS	no	na
6	aeromedical evacuation	see paragraph 19.3.2.	see paragraph 19.3.4.
7	dental care	emergency only	dental rate
8	USTF care	no	na
9	emergency care, outpatient	see paragraph 19.3.2.	FOPR, see paragraph 19.3.3.
9	emergency care, inpatient		FRR
10	immunizations		IR
11	prosthetic devices	no	na

29. **Family Members (Dependents) of NATO Personnel.** Authority is DODI 1000. 13, DODD 6310.7, EO 11733.

29.1. **Category Definition**. Family members (dependents) of military members of NATO countries who are in the United States (Assigned or TDY) at the invitation of a Federal Department or Agency. This includes family members of FMS and IMET participants.

29.2. **General Entitlements**. See Table 29.

29.3. **Special Considerations**:

29.3.1. Individuals must possess a valid DD 1173, Uniformed Services Identification and Privilege Card (Accountable).

29.3.2. Under 10 U.S.C. section 1077b, the following types of care are not provided to NATO family members:

29.3.2. 1. Domiciliary or custodial care.

29.3.2.2. Prosthetic devices, hearing aids, orthopedic footwear, and spectacles except that outside the United States and inside the United States at stations where adequate civilian facilities are unavailable, such items may be sold to family members at government cost (artificial limbs and artificial eyes may be provided)

29.3.2.3. The elective correction of minor dermatological blemishes and marks or minor anatomical anomalies

29.3.3. Women are authorized a post-mastectomy brassiere. These appliances are considered medical supply items. The brassiere, to include insert, may be provided as a one-time initial issue only, with a cost limit of $250 per case. In cases where the cost exceeds $250, the patient may be given the option of reimbursing the government for the amount over $250. In unusual circumstances, a refitting may be required and a re-issue warranted. Only MTF commanders may authorize a re-issue and they must certify the re-issue as medically indicated.

29.3.4. If there is an international reciprocal military health care agreement (see Attachment 3) that establishes different benefits and/or charges, the agreement takes precedence over this paragraph.

29.3.5. Parents and parents-in-law are not entitled to CHAMPUS.

29.3.6. Only outpatient CHAMPUS care is provided.

29.3.7. Emergency dental care only to relieve pain or undue suffering.

29.3.8. Billing procedures for NATO family members whose sponsor is an FMS or IMET student will have billing procedures outlined in the sponsor's ITO.

29.3.9. MAJCOMs with MTFs in NATO countries must supplement this paragraph with guidance on how to treat and bill NATO family members in their MTFs in NATO countries.

29.3. 10. Reimbursement is required for A/E unless covered by an international reciprocal military health care agreement. Enter pertinent information on DMRIS screen or forward to GPMRC,

Table 29. Family Members of NATO Personnel.

RULE	A If the general benefit is	B and the patient is entitled to the benefit	C then collect these charges locally from the individual
1	direct care, outpatient	yes	na
2	direct care, inpatient		FRR
3	CHAMPUS	see paragraph 29.3.6.	na
4	supplemental care-non-CHAM-	no	

	PUS		
5	supplemental care-CHAMPUS	for diagnostic tests only	
6	aeromedical evacuation	yes	see paragraph 29.3.10.
7	dental care	see paragraph 29.3.7.	na
8	USTF care	no	
9	emergency care, outpatient	yes	
10	emergency care, inpatient		FRR
11	immunizations		na
12	prosthetic devices	no	see paragraph 29.3.2.2.

30. **Family Members (Dependents)** of Non-NATO Military Personnel. Authority is DODI 1000.13.

30.1. **Category Definition**. Family Members (dependents) residing with a military member who is not a member of a NATO country and is in the United States or overseas at a US installation on official business (permanently or TDY). This category does not include FMS and IMET family members; see paragraphs 31. and 32.

30.2. **General Entitlements**. See Table 30. 30.3. Special Considerations:

30.3. 1. If there is an international military reciprocal health care agreement (see Attachment 3) that establishes different benefits and/or charges, the agreement takes precedence over this paragraph.

30.3.2. Non-NATO countries who have signed up to the Partnership for Peace SOFA will receive the same medical care as NATO countries. If the country currently has an international military reciprocal health care agreement, the reciprocal agreement takes precedence.

30.3.3. Under 10 U.S.C. section 1077b, the following types of care are not provided to family members:

30.3.3. 1. Domiciliary or custodial care

30.3.3.2. Prosthetic devices, hearing aids, orthopedic footwear, and spectacles except that outside the United States and inside the United States at stations where adequate civilian facilities are unavailable, such item may be sold to family members at government cost (artificial limbs and artificial eyes may be provided)

30.3.3.3. The elective correction of minor dermatological blemishes and marks or minor anatomical anomalies.

30.3.4. Women are authorized a post-mastectomy brassiere. These appliances are considered medical supply items. The brassiere, to include insert, may be provided as a one-time initial issue only, with a cost limit of $250 per case. In cases where the costs exceeds $250, the patient may be given the option of reimbursing the government for the amount over $250. In unusual circumstances, a refitting may be required and a re-issue warranted. Only MTF commanders may authorize a re-issue and they must certify the re-issue as medically indicated.

30.3.5. Billing information contained in the sponsor's orders takes precedence over this paragraph.

30.3.6. Emergency dental care only to relieve pain or undue suffering.

30.3.7. MAJCOMs with MTFs in Non-NATO countries must supplement this paragraph
guidance on how to treat and bill Non-NATO family members in MTFs in the foreign country.

30.3.8. Reimbursement is required for A/E unless covered by an international reciprocal military health care agreement. Enter pertinent information into DMRIS screen or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261.

30.3.9. No charge for outpatient care for family members of individuals in the Military Personnel Exchange Program.

Table 30. Family Members of Non-NATO Personnel.

RULE	A If the general benefit is	B and the patient is entitled to the benefit	C then collect these charges locally from the individual
1	direct care, outpatient	yes	FOPR, see para 30.3.1., 30.3.2., 30.3.5., 30.3.9.
2	direct care, inpatient	no,see para 30.3.1., 30.3.2.	see para 30.3.5.
3	CHAMPUS	no	na
4	supplemental care-non-CHAM-PUS	for diagnostic tests only	actual charges, see para 30.3.1., 30.3.5., 30.3.9.
5	supplemental care-CHAMPUS	no	na
6	aeromedical evacuation	yes	see paragraph 30.3.8.
7	dental care	see paragraph 30.3.6.	dental rate
8	USTF care	no	na
9	emergency care, outpatient	yes	FOPR
10	emergency care, inpatient		FRR
11	immunizations		IR
12	prosthetic devices	no	see paragraph 30.3.3.2.

31. **Family Members (Dependents**) of Foreign Military Sales (FMS) Personnel (Non-NATO).
Authority is DODI 1000. 13

31.1. **Category Definition**. Family Members (dependents) residing with a non-NATO member who is in the United States or overseas participating in an FMS program (part of the Security Assistance Training Program). NATO FMS family members are covered under paragraph 29.

31.2. **General Entitlements**. See Table 31.

31.3. **Special Considerations**:

31.3. 1. If there is an international military reciprocal health care agreement (see Attachment 3) that establishes different benefits and/or charges, the agreement take precedence over this table.

31.3.2. Billing information is contained in the sponsor's invitational travel orders (ITOs). If the ITO states payment is to be made under the FMS case, then send the bill to the military department sponsoring the individual. For the Air Force, this is AF Security Assistance Training (AFSAT); the address is SA DAO DE, San Antonio/113, 2021 lst Drive West, Randolph AFB, TX 78150-4302.

31.3.3. Under 10 U.S.C. section 1077b, the following types of care are not provided to family members:

31.3.3.1. Domiciliary or custodial care

31.3.3.2. Prosthetic devices, hearing aids, orthopedic footwear, and spectacles except that outside the United States and inside the United States at stations where adequate civilian facilities are unavailable, such item may be sold to family members at government cost (artificial limbs and artificial eyes may be provided)

31.3.3.3. The elective correction of minor dermatological blemishes and marks or minor anatomical anomalies.

31.3.4. Women are authorized a post-mastectomy brassiere. These appliances are considered medical supply items. The brassiere, to include insert, may be provided as a one-time initial issue only, with a cost limit of $250 per case. In cases where the costs exceeds $250, the patient may be given the option of reimbursing the government for the amount over $250. In unusual circumstances, a refitting may be required and a re-issue warranted. Only MTF commanders may authorize a re-issue and they must certify the re-issue as medically indicated.

31.3.5. Emergency dental care only to relieve pain or undue suffering.

31.3.6. MAJCOMs with MTFs in Non-NATO countries must supplement this paragraph with guidance on how to treat and bill Non-NATO family members in MTFs in the foreign country.

31.3.7. Reimbursement is required for A/E unless covered by an international reciprocal military health care agreement. Enter pertinent information into DMRIS screen or forward to GPMRC,HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389,
voice 576-6261.

Table 31. Family Members of FMS Personnel (Non-NATO).

RULE	A If the general benefit is	B and the patient is entitled to the benefit	C then collect these charges locally from the individual
1	direct care, outpatient	yes	FOPR, see para 31.3.1. and 31.3.2.
2	direct care, inpatient		FRR, see para 31.3.1. and 31.3.2.
3	CHAMPUS	no	na
4	supplemental care-non-CHAM-PUS	for diagnostic tests only	actual charges, see para3l.3.1. and 31.3.2.
5	supplemental care-CHAMPUS	no	na
6	aeromedical evacuation	yes	see paragraph 31.3.7.
7	dental care	see paragraph 31.3.5.	dental rate
8	USTF care	no	na
9	emergency care, outpatient	yes	FOPR, see para 31.3.1. and 31.3.2.
10	emergency care, inpatient		FRR, see para 31.3.1. and 31.3.2.
11	immunizations		IR, see para 31.3.1. and 31.3.2.
12	prosthetic devices	no	see paragraph 31.3.3.2.

32. **Family Members (Dependents)** of International Military Education and Training (IMET) Personnel (Non-NATO). Authority is DODI 1000.13.

32.1. **Category Definition**. Family Members (dependents) residing with a non-NATO member who is in the United States or overseas participating in an IMET program (part of the Security Assistance Training Program). NATO IMET family members are covered under paragraph 29.

32.2. **General Entitlements.** See Table 32.

32.3. **Special Considerations**:

32.3.1 Billing information is contained in the sponsor's invitational travel orders (ITOs). If the ITO states payment is to be made under the IMET case, then send the bill to the military department sponsoring the individual. For the Air Force, this is SA DAO DE, San Antonio/IG, 2021 lst Drive West, Randolph AFB, TX 78150-4301.

32.3.2. Under 10 U.S.C. section 1077b, the following types of care are not provided to family members:

32.3.2. 1. Domiciliary or custodial care.

32.3.2.2. Prosthetic devices, hearing aids, orthopedic footwear, and spectacles except that outside the United States and inside the United States at stations where adequate civilian facilities are unavailable, such item may be sold to family members at government cost (artificial limbs and artificial eyes may be provided)

32.3.2.3. The elective correction of minor dermatological blemishes and marks or minor anatomical anomalies.

32.3.3. Women are authorized a post-mastectomy brassiere. These appliances are considered medical supply items. The brassiere, to include insert, may be provided as a one-time initial issue only, with a cost limit of $250 per case. In cases where the costs exceeds $250, the patient may be given the option of reimbursing the government for the amount over $250. In unusual circumstances, a refitting may be required and a re-issue warranted. Only MTF commanders may authorize a re-issue and they must certify the re-issue as medically indicated.

32.3.4. Emergency dental care only to relieve pain or undue suffering.

32.3.5. MAJCOMs with MTFs in Non-NATO countries must supplement this paragraph with guidance on how to treat and bill Non-NATO family members in MTFs in the foreign country.

32.3.6. Reimbursement is required for A/E unless covered by an international reciprocal military health care agreement. Enter pertinent information into DMRIS screen or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261.

Table 32. Family Members of IMET Personnel (Non-NATO).

	A	B	C
R U L E	If the general benefit is	and the patient is entitled to the benefit	then collect these charges locally from the individual
1	direct care, outpatient	yes	FOPR, see paragraph 32.3.1.
2	direct care, inpatient		FRR, see paragraph 32.3.1.
3	CHAMPUS	no	na
4	supplemental care-non-CHAM-PUS	for diagnostic tests only	actual charges, see para 32.3.1.
5	supplemental care-CHAMPUS	no	na
6	aeromedical evacuation	yes	see paragraph 32.3.6.
7	dental care	see paragraph 32.3.4.	dental rate
8	USTF care	no	na
9	emergency care, outpatient	yes	same as Rule 1/2
10	emergency care, inpatient		
11	immunizations		IR
12	prosthetic devices	no	see paragraph 32.3.2.2.

39. NATO Civilian Employees. Authority is DODD 6310.7.

39.1. Category Definition. Civilian employees of a NATO nation's military department accompanying a NATO military member on official duty within the United States and is not a US citizen or normally a resident of the United States.

39.2. General Entitlements. See Table 39.

39.3. Special Considerations:

3 9.3. 1. Only emergency dental care is authorized. 39.3.2. Reimbursement required for A/E. Enter pertinent information into DMRIS screen or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261.

Table 39. NATO Civilians.

RULE	A If the general benefit is	B and the patient is entitled to the benefit	C then collect these charges locally from the individual
1	direct care, outpatient	yes	na
2	direct care, inpatient		FRR
3	CHAMPUS	no	na
4	supplemental care-non-CHAMPUS	for diagnostic tests only	
5	supplemental care-CHAMPUS	no	
6	aeromedical evacuation	yes	see paragraph 39.3.2.
7	dental care	see paragraph 39.3.1.	na
8	USTF care	no	
9	emergency care, outpatient	yes	
10	emergency care, inpatient		FRR
11	immunizations		na
12	prosthetic devices	no	

Attachment 3

INTERNATIONAL RECIPROCAL MILITARY HEALTH CARE AGREEMENTS

COUNTRY	EXPIRATION DATE
Bolivia	12 Sep 97
Canada	2 May 99
Columbia	8 Apr 99
Ecuador	27 Jan 97
El Salvador	6 Feb 97
Federal Republic of Germany	7 Apr 97
Guatemala	23 Apr 97
Romania	25 Apr 98
Tunisia	12 Oct 99
Uruguay	7 Feb 97
Venezuela	21 Sep 97

NOTE: Reciprocal Health Care Agreements may not cover all military, civilians, or dependents. Insure the individual receiving the medical/dental service is covered under the country agreement.

H-5 Extract DoDI 6000.11, Patient Movement

Department of Defense
INSTRUCTION

NUMBER 6000.11
September 9, 1998

ASD(HA)

SUBJECT: Patient Movement

References: (a) DoD Instruction 6000.11, "Medical Regulating," May 21, 1993 (hereby canceled)
(b) DoD Directive 6000.12, "Health Services Operations and Readiness," April 29, 1996
(c) DoD Directive 4500.9, "Transportation and Traffic Management," January 26, 1989
(d) DoD Directive 5158.4, "United States Transportation Command," January 8, 1993
(e) through (m), see enclosure 1

1.1. Reissues reference (a) and implements policy, assigns responsibilities, and prescribes procedures under reference (b) for standardizing medical regulating, and implementation of the DoD global patient movement mission.

1.2. Implements policy under references (c), (d), and (e), governing the management and use of Government aircraft.

1.3. Establishes procedures for movement of patients, medical attendants, related patient movement items, specialized medical care team members, and non-medical attendants on DoD-provided transportation. It explains eligibility for patient movement, policy for its use, responsibility for funding and reimbursement, applicability of tariff rates, and requirements for approval. This Instruction addresses both medical regulating (the identification of, and assignment to, medical treatment facilities
capable of providing required definitive, recuperative and/or restorative care to eligible beneficiaries) and aeromedical evacuation (AE) (the process of actually moving a patient through the U.S. Air Force (USAF) ixed wing AE system and focuses on process integration, wherever possible). It incorporates the AE provisions previously in Chapter 5, DoD 4515.13-R (reference (f)) with the procedures for broader DoD-provided patient movement and responsibilities for medical regulating.

1.4. Defines the conditions under which patient movement may be provided and identifies categories of patients eligible for patient movement. It further identifies conditions under which costs for patient movement services provided to DoD healthcare beneficiaries, other U.S. Government Agencies, private individuals or organizations, foreign countries, or foreign nationals are reimbursable to the Department of Defense. It prescribes procedures for central processing of reimbursements by the Global Patient Movement Requirements Center (GPMRC).

1.5. Transfers authority, direction, control and executive management of the Defense Medical Regulating Information System (DMRIS) and Automated Patient Evacuation System (APES) to the U.S. Transportation Command (USTRANSCOM).

USTRANSCOM shall develop the TRANSCOM Regulating and Command & Control Evacuation System (TRAC2ES), a single overall system that ties together patient accountability from the field, while in transit and at originating, destination, and enroute medical treatment facilities (MTFs). TRAC2ES shall provide intransit visibility and medical regulation of patients in both peacetime and contingencies.

2. APPLICABILITY AND SCOPE

This Instruction applies to:

2.1. The Office of the Secretary of Defense, the Military Departments, the Chairman of the Joint Chiefs of Staff, the Combatant Commands, and the Defense Agencies (hereafter referred to collectively as “the DoD Components”).

2.2. Under mutual agreement (reference (g)), the Office of the Secretary of Veterans Affairs (VA).

5.7.2.5. Regulate Uniformed Services' patients from the supported combat theater directly into the theater MTFs of the other theater Unified Commands, or CONUS, consistent with USTRANSCOM-defined intertheater lift-bed procedures. Such regulation shall be based on the medical capability and bed availability information provided for use by USCINCTRANS.

5.7.2.6. Integrate and deconflict intratheater plans and schedules.

5.7.2.7. Generate and approve intratheater evacuation plans and schedules.

5.7.2.8. Develop proposed intertheater patient movement plans consistent with USTRANSCOM and GPMRC established procedures, and transportation priorities agreed to by the Chairman of the Joint Chiefs of Staff and/or supported CINC and USTRANSCOM for the respective contingency operation.

5.7.3. Participate in planning conferences to ensure professional standards for patient care and medical regulating are maintained and the most effective utilization of AE resources is made during any exercise, natural disaster, or contingency.

5.7.4. Recommend changes to procedures for patient movement AIS to USCINCTRANS.

5.8. The Commander in Chief, U.S. Atlantic Command, shall:

5.8.1. Determine the supporting MTFs to be used for GPMRC bed apportionment and CONUS evacuation planning.

5.8.2. Serve as the point of contact on behalf of the Department of Defense for the VA-DoD National Plan.

6. PROCEDURES

6.1. GENERAL. Persons authorized medical care in DoD medical facilities are not necessarily entitled to DoD patient movement. Identified under “Criteria” are the conditions under which patient movement may be provided and categories of patients eligible for patient movement.

6.2. CRITERIA

6.2.1. Only patients specifically eligible for patient movement pursuant to DoD Directives, authorized by statute, or requested by the Head of a Government Agency, under the Economy Act (reference (h)), may be provided transportation unless there is an emergency involving immediate threat to life, limb, or sight, suitable care is locally unavailable, and suitable commercial services (air taxi, charter air ambulance, and AE-configured commercial air, etc.) are neither available nor adequate. The Department of Defense is not permitted to compete with commercial activities in providing patient movement to other than authorized patients. Further, DoD transportation may not be used to provide financial relief for a patient or patient’s family, or for convenience of the patient or patient's family.

6.2.2. The commander of a force engaged in combat or in a hostile fire situation may approve patient movement for patients and medical and nonmedical attendants in an aircraft not configured for AE, if the patients are facing a threat to life, limb, or sight. Any decision to use these transportation assets should consider the possible compromise to a patient's condition that may result from the use of non-AE assets.

6.2.3. Except for casualties returning to their place of residence or duty station from overseas deployments or contingencies, DoD-sponsored patient movement for inpatients and outpatients should be provided to the nearest appropriate MTF capable of providing the necessary care, unless the movement supports movement to designated STS, is consistent with regional managed care support contracts, supports GME or other approved programs, or supports an exception to policy as approved by the

PMRC. Movement of returning patients from deployments or contingency operations will be in accordance with established operations plans or other contingency-specific implementing instructions or guidance. Patients originating outside CONUS who are not expected to return to duty and patients being separated from the Component by reason of disability should be moved to an MTF or VA Medical Center nearest the patient's selected place of residence. Patients who are expected to return overseas should be moved to the closest MTF to port of entry. Hospitalized patients who are away from their duty station may be returned to an MTF nearest their duty station.

6.2.4. Special air missions are not authorized for movement of terminally ill patients. Requests for movement of terminally ill patients before the next scheduled mission should be processed in accordance with DoD Directive 4500.43 (reference (e)).

6.2.5. DoD-sponsored patient movement is not authorized to transport a person for medical experimentation unless competent medical authority determines that such experimentation will save a patient's life, limb or sight.

6.2.6. A patient may not be moved CONUS to overseas, unless a patient is returning to an overseas duty location after completing treatment or as a recovered patient. Prior approval from the receiving overseas command and GPMRC is required before movement from CONUS to overseas.

6.2.7. When a military or USCG member or their dependents are moved via DoD-provided patient movement for permanent change of stations, reimbursement for costs shall be provided through the permanent change of station fund cite on the member's travel orders.

6.3. ELIGIBILITY FOR USE OF THE AE SYSTEM

6.3.1. DoD-Sponsored Patients. Uniformed Services patients, as defined in enclosure 2, may be provided transportation within or between theaters for inpatient and/or outpatient treatment or consultation that is unavailable locally from any DoD-approved healthcare facility, and for which movement is required. Specific authorizations for AE in-patient status are based on those specified for each category of DoD health beneficiary noted below.

6.3.2. Recovered Patients. DoD-sponsored patients and their dependents may be authorized patient transportation within and between theaters, and for return travel to their duty station when in recovered patient status.

6.3.3. Nonmedical Attendants.

6.3.3.1. One able-bodied member of the immediate family of any patient provided DoD-sponsored transportation may also be provided DoD-sponsored transportation as a nonmedical attendant and authorized to accompany the patient when competent medical authority determines that a family member's presence is necessary to the patient's health and welfare. Additional family members may be allowed to accompany the patient, as an exception to policy, when necessary to the patient's health and welfare after approval by the Commander, or Director of the patient's MTF, and concurrence of the Director of the applicable PMRC. If a member of the immediate family is not available, another adult may accompany the patient in nonmedical attendant status on determination of need and written justification.

6.3.3.2. A nonmedical attendant whose status is lost due to the death, extended medical care requirements of the patient, or other circumstances may be provided space available DoD-sponsored transportation to the scheduled destination nearest his or her originating location. However, in some cases, there may also be an entitlement for Government-funded transportation of surviving dependents to attend burial ceremonies of a deceased member. Consult the JFTR, Volume 1 (reference (k)) for definitive guidance. AE aircraft shall not be scheduled to move nonmedical attendants. Patient movement always takes priority over movement of nonmedical attendants.

6.3.3.3. Children are not eligible for nonmedical attendant status. The only exception are those breast-feeding infants traveling with their mothers and those children accompanying a family member with an immediate life-threatening condition who is traveling to undergo a potentially life-threatening surgical procedure (e.g. cardiothoracic or brain surgery). Such special cases will be reviewed and approved individually by the PMRC director.

6.3.4. Beneficiaries of Other U.S. Government Agencies and Other Government-Sponsored Patients. Patients sponsored by a U.S. Government Agency and authorized Government transportation according to the JTR, Volume 2 (reference (l)), may be provided patient movement. Reimbursement shall be made by the employee's Agency to USTRANSCOM at the non-DoD, U.S. Government tariff
for all patient movement services provided.

6.3.5. Medical Attendants. The patient's medical condition will dictate the necessity of medical attendants. Medical attendant responsibilities are shared between all Uniformed Services but usually rest with the reporting facility.

6.3.6. Readiness Training Cases. Categories of patients, as approved by ASD(HA), such as burn cases, that provide a unique readiness value to both the patient movement system and the Military Health Services System.

6.3.7. Special Medical Support Personnel. Special medical support personnel missions are not AE missions. These individuals are authorized space required travel on channel missions. Movement requirements sooner than the next channel mission should be requested in accordance with DoD Directive 4500.43, reference (e).

6.3.8. Non-DoD Sponsored Patients. Non-DoD sponsored patients may be moved only if such movement is in direct support of the DoD mission, or when it does not interfere with the DoD mission and is an emergency, lifesaving situation, or is authorized by statute, or requested by the Head of an Agency of the Government pursuant to the Economy Act (reference (h)).

6.4. FINANCIAL CONSIDERATIONS. Except for casualties being returned from overseas deployments or contingencies and medical emergencies, and when appropriate medical care is available through civilian sources in the local community, MTF Commanders must determine if it is cost-effective to use the patient movement system. The cost comparison is between local civilian care and the “full” cost of
care through the patient movement system. The full cost of the patient movement system includes MTF medical care cost as well as transportation, per diem, lodging, and lost duty time of patients and attendants. Enclosure 3 contains a flow chart that looks at the different steps used to determine the cost-effectiveness of using the patient movement system. A sample worksheet is included in enclosure 4 to provide a template for cost calculation.

6.4.1. Applicable patient movement charges shall conform to DoD reimbursement policies and third party billing procedures and guidance for collection in accordance with 32 CFR Part 220 (reference (m)). No reimbursement or billing point of contact will be required for the movement of patients to support-funded medical missions such as the Institute of Surgical Research, Fort Sam Houston, TX.

6.4.2. Persons eligible for patient transport may be provided movement using readiness baseline flying hours, schedules and priorities established by the GPMRC (TPMRC - overseas) with input from the DoD Regional Lead Agents and the tasked Component surgeons. Use of flying hours over the readiness baseline must be reimbursed. Business case analysis to determine whether or not a patient should be evacuated or retained locally should consider the cost and availability of PMRC-arranged transportation,
the cost to retain the patient locally, and the potential for Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), TRICARE cost-shared transportation.

6.4.3 Commercial Transportation. For urgent or priority movements, use of commercial air ambulance and the purchase of commercially scheduled transportation by USTRANSCOM or its components is authorized if the cost benefit to the patient movement system can be clearly demonstrated.

6.4.4. Reimbursement

6.4.4.1. Reimbursement rates will be established each year by the DoD Comptroller for patient movement. Rates should consider both the costs of transportation and the cost of enroute medical care, and will cover both DoD and non-DoD beneficiary categories. Different rates for DoD beneficiaries can be established when considering whether or not the supporting resources are provided from the DoD readiness baseline or from resources over and above the readiness baseline.

6.4.4.2. Nonmedical attendants shall be issued appropriate travel orders authorizing the same category of movement as the patient. Any reimbursements due the Government for patient movement that may apply to the patient shall also be applied to the nonmedical attendant. The orders should clearly provide all known reimbursable items, costs, corresponding accounting symbols, and complete billing address to facilitate processing by the responsible accounting and finance activity.

6.4.4.3. Reimbursements for Beneficiaries of Other U.S. Government Agencies and Other Government-Sponsored Patients shall be made by the employee's Agency to USTRANSCOM at the non-DoD, U.S. Government tariff for all patient movement services provided.

6.4.5. Readiness Training Cases. These patients can be provided patient movement without reimbursement by the sponsoring or accepting Component when non-Transportation Activity Group of the Air Force Working Capital Fund (Transportation Working Capital Fund (TWCF) reimbursable aircraft are used (e.g., DHP-funded C-9A program aircraft, Operational Support Airlift (OSA) aircraft, or C-21
for which reimbursement is not required). When a TWCF reimbursable source is used (e.g., C-141, C-5, C-17, etc.), Air Mobility Command for intertheater and CONUS and U.S. Air Forces Europe or U.S. Air Forces Pacific for overseas intratheater missions shall reimburse the TWCF. If the GPMRC, or supporting TPMRC, can arrange transportation using the readiness baseline-funded training hours, no reimbursement need be sought. Insurance companies and other third party payers will be billed for reimbursable charges if the case falls within the purview of a third party collection opportunity. Reimbursement for nonmedical attendants will be sought either directly from the patient's insurer, or the supported Component, unless otherwise directed by ASD(HA) and the USD(C).

6.4.6. Federal Emergency Management Agency (FEMA) Support. Requests passed from a FEMA agent, either at FEMA headquarters or at a field office, through the DOMS for patient movement will be collected for reimbursement in accordance with overall disaster assistance guidance provided by Chairman of the Joint Chiefs of Staff and/or DOMS and/or Forces Command or from FEMA on a case-by-case basis.

6.4.7. Reimbursement for U.S. civilian and foreign national patient and attendant transport will be sought in accordance with established procedures for non-beneficiarysupport. The designation of a U.S. civilian or foreign national for movement by a Combatant Commander, Chairman of the Joint Chiefs of Staff, or other authority does not, in and of itself, obviate the need for payment.

6.5. PRIORITIES FOR PATIENT MOVEMENT. All medical considerations being equal, patients shall be prioritized for transportation as follows:

6.5.1. U.S. active duty Service member.

6.5.2. North Atlantic Treaty Organization (NATO) active duty Service member. NATO military personnel are eligible for patient movement while assigned or attached to a U.S. military installation. Patient movement is provided on a cost reimbursement basis.

6.5.3. Dependents of U.S. active duty Service members.

6.5.4. Other mission-essential Government Agency personnel. Includes only those civilians stationed in overseas areas. U.S. citizens who are employees of Uniformed Services; full-time, paid American Red Cross serving with the Department of Defense; professional scout leaders; United Service Organization professional staff serving with a Uniformed Service; and DoD Dependent School (DoDDS) teachers.

6.5.5. U.S. military retirees.

6.5.6. Dependents of U.S. military retirees.

6.5.7. Dependents of NATO active duty Service members. NATO dependents are eligible for patient movement if their NATO sponsor is assigned or attached to a U.S. military installation. Patient movement is provided on a cost reimbursement basis

6.5.8. Dependents of other Government Agency personnel. Includes only those civilians stationed in overseas areas who are U.S. citizens and are employees of Uniformed Services; full-time, paid American Red Cross serving with the Department of Defense; professional scout leaders; professional staff serving with a Uniformed Service; and DoDDS teachers.

6.5.9. Other Patients.

6.5.10. Nonmedical Attendants.

6.6. PROCEDURES FOR REQUESTING PATIENT MOVEMENT

6.6.1. Eligible Patients. Requests for patient movement are submitted by the responsible MTF to appropriate PMRC. In the CONUS, the GPMRC coordinates all subsequent aspects of the patient movement. In overseas theaters, the TPMRC coordinates all subsequent aspects of outside
Continental United States (OCONUS)-intratheater patient movement. Mission preparation, coordination, and execution are then conducted under the direction of the tasked theater Service transportation component.

6.6.2. Ineligible Patients

6.6.2.1. Patient Movement Requests. Non-DoD use of DoD transportation may be provided in emergency, lifesaving situations or when the Head of a Government Executive Department or Agency, pursuant to the Economy Act (reference (h)), requests patient movement from PMRC, certifying it is in the best interests of the Government and that commercial transportation is not capable of meeting the requirement. That patient movement shall normally take place on a channel or regularly scheduled mission and must be clinically validated by the originating PMRC. A nonmedical attendant may accompany the patient when his or her presence is determined by competent medical authority to be essential to the patient's mental or physical well-being. The sponsoring authority's request to the appropriate PMRC must indicate the Aency or individuals responsible to reimburse USTRANSCOM and
provide a specific name and address for direct billing of transportation and enroute medical charges at the applicable tariff rate.

6.6.2.2. Request for Urgent Patient Movement in Overseas Areas

6.6.2.2.1. U.S. Civilians. On receipt of a request for lifesaving movement in overseas commands, the theater surgeon concerned is authorized to approve movement of U.S. citizens (on a reimbursable basis) when it is determined that an emergency involving immediate threat to life, limb, or sight exists, adequate care is locally unavailable or unsuitable, and suitable commercial transportation is neither available nor adequate.

6.6.2.2.2. Foreign Nationals. The U.S. joint forces commander responsible for the area in which the emergency arises has approval authority in coordination with the Department of State (DoS) and the destination theater Combatant Commander for patient movement to the most expedient capable MTF if the patient's injury or illness is directly related to U.S. Government operations within the area. Otherwise, requests for movement of foreign nationals must be forwarded to the responsible PMRC through the local diplomatic post and DoS, Washington, DC for a determination of whether the movement is in the national interest and a confirmation of the DoS or other U.S. Government Agency's authority and requirements
for placing a request under the Economy Act (reference (h)). When the critical nature of the patient's illness or injury prevents submission of a request, the theater PMRC may approve movement based on a DoS determination of U.S. interests and commitment to reimburse the Department of Defense for patient movement costs. A message shall be sent from the PMRC to the GPMRC with an information copy to Headquarters, U.S.

Air Force, Managed Care Division, confirming the mission and indicating r reimbursement source (other Government Agency, the Uniformed Service, private insurance, etc.).

6.6.2.2.3. Requests for movement of patients under subparagraphs 6.6.2.2.1. and 6.6.2.2.2. will be considered on a case-by-case basis and after coordination with receiving host-nation immigration officials. Requests for patient movement of foreign nationals that are being treated in U.S. MTFs must be submitted through the theater Combatant Commander.

6.7. CONUS DISASTER PATIENT MOVEMENT SUPPORT

6.7.1. Requests. Requests for patient movement during disasters in CONUS shall be initiated by the FEMA. Requests shall typically flow from FEMA to the DOMS in the Office of the Army Deputy Chief of Staff, Operations and Plans, to the Secretary of Defense, to the Chairman of the Joint Chiefs of Staff for execution through the USTRANSCOM, with a simultaneous information copy to USACOM as the lead operational authority for the Department of Defense for Military Support to Civil Authorities.

6.7.2. Reimbursement. FEMA support missions are reimbursable to the USTRANSCOM at the non-DoD U.S. Government rate.

6.8. CRITERIA FOR APPROVAL OF PATIENT MOVEMENT

6.8.1. Routine. Missions are scheduled, in coordination with the appropriate PMRC, and executed by the responsible AE squadron. During contingencies coordination is through the appropriate PMRC to the theater Service transportation component.